BEFORE THE NEW YORK STATE SENATE MAJORITY COALITION
JOINT TASK FORCE ON HEROIN AND OPIOID ADDICTION

PUBLIC FORUM: RICHMOND COUNTY

PANEL DISCUSSION ON STATEN ISLAND'S HEROIN EPIDEMIC

Jewish Community Center of
Staten Island Auditorium
1297 Arthur Kill Road
Staten Island, New York 10312

May 2, 2014
1:00 p.m. to 4:00 p.m.

PRESENT:

Senator Philip M. Boyle, Task Force Chairman
Chairman of the Senate Committee on Alcoholism and Drug Abuse

Senator Andrew J. Lanza, Task Force Forum Moderator
Member of the Joint Task Force

Senator Diane J. Savino
Member of the Joint Task Force

Assemblyman Michael Cusick

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Boris Natzen
Owner
Nate's Pharmacy

Dr. Daniel Messina
President and CEO
Richmond University Medical Center

Dr. Russell Joffe
Chair of Psychiatry
Staten Island University Hospital

Tony Ferreri
President and CEO
Staten Island University Hospital

Dr. Hillary Kunins
Acting Executive Director Commissioner
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New York City Department of Health
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Diane Arnett
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Community Health Action of Staten Island

James Fiore
Resident of Dongan Hills, Staten Island
Resident of Community Health Action
Outpatient, Student of CSI

Candace Crupi
Barry Crupi
Parents

Brian Hunt
Parent
Resident of Princes Bay

Luke Nasta
Executive Director
Camelot Counseling

Jacqueline Fiore
Executive Director
YMCA Counseling Service

SPEAKERS (Continued): PAGE

Adrienne Abbate
Executive Director
Staten Island Partnership for
Community Wellness, and Project Director
for the Tackling Youth Substance Abuse
Initiative.

Gary Butchen
President and CEO
Bridge Back to Life Center

Edward Delatorre
Assistant Chief, Commanding Officer of the
Uniformed Force, NYPD, Staten Island

Dominick Dorazio
Captain
Commanding Officer, Staten Island Narcotics

Karen Varriale
Assistant District Attorney
Representing Dan Donovan and the
Richmond County District Attorney's Office

James J. Hunt
Acting Special Agent in charge of
New York Field Division,
Drug Enforcement Administration

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SENATOR BOYLE: If everyone could stand just for the Pledge of Allegiance, please.

(All present recite, as follows:)

"I pledge allegiance to the flag of the United States of America and to the republic for which it stands, one nation under God, indivisible, with liberty and justice for all."

SENATOR LANZA: Good afternoon, everyone.

My name is Andrew Lanza, and I have the privilege of serving the people of Staten Island in the New York State Senate.

Before we begin the program, I would just like to introduce the Chairman.

This is, as you know, we're here to meet as part of the New York State Senate Task Force on Heroin and Opioid Addiction.

Senator Phil Boyle from Long Island is the Chairman of this Task Force, and he's been gracious enough to come out -- come out here to Staten Island, from Long Island, today, so let me first introduce him.

[Applause.]

SENATOR BOYLE: Thank you, Senator Lanza.

And I would like -- also like to thank another member of the Heroin Task Force,

Senator Savino. Thank you very much.

And, Assemblyman Cusick and Assemblywoman Malliotakis, and thank -- welcome -- it's a nice welcome to be here on Staten Island.

And thank you for the Jewish Community Center for hosting this.

This is the ninth of 17 forums facing this heroin and opioid epidemic we're looking at across the state.

What we're specifically asking for -- and we have a distinguished panel here, and I'm looking forward to hearing their ideas -- focusing on the areas of prevention, treatment, and law enforcement.

So we have a panel here that can give -- are, basically, experts in each of those areas.

And for those of you in the audience, we'll open it up for questions a little bit later. You can write down a question.

And, whether you're a law-enforcement official, an educator, a treatment provider, a family member, an addict -- we've had numerous testimony from each -- to say, "If I had an opportunity to change a couple laws in New York State, to help us combat this heroin epidemic," please give us the ideas. That's what

we're looking for.

The Task Force is going to have a report due June 1st, and we're going to have subsequent legislation passed in the State Senate; and so we're looking for ideas.

We're looking for a great exchange of ideas today.

Thank you, Senator.

SENATOR LANZA: So, very quickly, we're here to listen.

Let me just say, no one here needs to -- doesn't know how widespread and devastating this problem of opioid addiction is, both here in Staten Island and across the state.

It is a national epidemic.

In a 10-year period, leading up to 2012, in New York City alone, 10,000 of our neighbors -- brothers and sister, mothers and fathers -- 10,000 residents of New York City lost their lives to opioid addiction and overdose.

"10,000."

When we hear of deaths occurring as a result of other causes, they're often national debates, there's discussion from the White House, from the Attorney General, from every elected official across

the country.

We don't believe enough is being done to deal with this problem that is taking so many of our friends' and neighbors' and family members' lives.

On Staten Island alone, over the last year and a half, more than 130 people lost their lives.

Just think about that: 130 of our neighbors lost their lives.

More people died in New York City over the last 10 years from opioid addiction than did in the terrorist attacks of 9/11.

This is a situation, this is an epidemic, that is affecting all of us, every one of us.

The gateway, interestingly enough, to heroin addiction, as reported by a story in "The Washington Post," 80 percent of all people who try heroin first tried a prescription drug.

And, so, the availability and access to those drugs has really become a gateway to the heroin epidemic that we now see raging across the state, the city, and the country.

And so, as Senator Boyle stated, the purpose here is to bring stakeholders, experts, those who are affected by this problem, together, so that we can really begin to turn back the tide of this

epidemic.

The first step here, and the reason why Assemblyman Cusick is here -- he's not in the Senate, although he does live in my district, so I'll pay attention to whatever signatures he starts gathering -- but the reason he's here, he sits here, too, as a government expert in terms of, given the fact that's wrote the I-STOP Bill in the Assembly.

My good friend and colleague from Staten Island, also representing parts of Brooklyn, Senator Savino is a member of this Task Force. And, I can't tell you how many conversations we've had over the last several years, in terms of people we know, conversations we've had.

This is -- this problem is reaching into every single neighborhood, every single house, and, enough is enough. We've got to do something about it.

We've got, I think, the right group of people here on Staten Island who have the expertise, the commitment, the dedication, and the wisdom to come together, to really start to turn this thing around.

So with that, I'm going to introduce Senator Savino.

SENATOR SAVINO: Thank you, Senator Lanza.

[Applause.]

SENATOR SAVINO: I want to say a special thank you to Senator Boyle, the Chair of this substance-abuse committee in the New York State Senate, and, of course, my colleagues on both sides of me, Assemblyman Cusick and Senator Lanza.

And then, of course, all of the experts that are here today, those of you in the audience that are service providers, those of you who are family members, those of you in law enforcement, you've been dealing with this issue for a very long time.

You know, 20 years ago, 25 years ago, when I was a caseworker working in the city's child-welfare system, the vast majority of children that we were taking away from parents were children born with a positive toxicity. The majority of them were born positive tox to cocaine.

The city was in the midst of a crack epidemic then.

Drug trends come and go. You know, the drug of choice that becomes the most abused has a tendency to go through stages.

But there is one drug that has always been with us, and one drug that always comes back no matter what, and that is heroin.

So last -- two years ago, when we began the fight to tackle the opioid-abuse and prescription-drug problem that was led by these two gentlemen on either side of me who wrote the I-STOP law, a landmark piece of legislation, you could almost predict, though, that we would have to tackle this other issue, because these drugs that young people are abusing now, those prescription drugs that Senator Lanza talked about, they are far more addictive than anyone ever could have imagined.

25 years ago, no one could have imagined a thing called a "super-opioid."

No one could have seen the level of addiction that Oxycontin could produce in people. And that's what we're fighting against.

We're trying to find a way to restrict those dangerous drugs, and we're trying to find a way to prevent the next wave.

Heroin has always been with us, but it's more dangerous now because of the level of addiction that's out there, and the young people who have been exposed to it.

And not just young people, old people, too who have been exposed it to, because they've been given a prescription for a drug that no one could

ever have imagined could be so addictive.

So, this, what we're doing today is so important: Not just examining the trends, not just talking about the effect, but also, trying to come up with solutions, because this is going to continue.

Until and -- unless and until we figure out how to cure addiction, and I really wish those pharmaceutical companies that spend so much money researching and developing addictive drugs would spend a little bit of that money on researching addiction.

[Applause.]

SENATOR SAVINO: Maybe they could come up with a pill that cures that.

But until they do, our work will not be done.

So I want to thank all of you for coming, and participating.

And I want to a special shout-out to my good friend, former Councilman Dominic M. Riccia, Jr. [ph.], who is here in the front row.

He and I worked together in Coney Island for years, where there are several drug programs that struggled with the issues of addiction. And heroin

is prevalent right there, too, so he knows what it's like to represent people who are trying to fight against this scourge.

Thank you, everyone.

[Applause.]

SENATOR BOYLE: Assemblyman Cusick, would you like to say a couple of words?

ASSEMBLYMAN CUSICK: Thank you.

Thank you.

Thank you, Senator Boyle, for coming to Staten Island.

I just want to welcome Phil.

Phil is a Senator now, but Phil did come from the State Assembly, so I want to take credit for Phil being a member of the State Assembly.

I feel a little outnumbered up here.

But, I just want to thank Senator Lanza and Senator Savino for making sure that this Task Force had a meeting here on Staten Island, because it's very important.

Many of the folks in the audience, sitting out, we know each other's faces and names. We know each other from fighting the good fight when it comes to the epidemic with prescription drugs, with heroin, with substance abuse.

And it is a team effort, and it is a community that has to come together, to make sure that we can fight this together.

You know, and part of this is, there was mention of the reason why I'm up here is that, I was the author in Assembly of the I-STOP legislation, and teamed up with Senator Lanza to get that passed.

That started with, not as big as this roundtable, but it started as a roundtable.

It started as a roundtable at the South Shore YMCA, about, in 2010 or 2011. And, it was a smaller group, but it was from discussions of community groups. It was from discussions of counselors. It was from discussions of medical professionals. It was discussions from our law enforcement.

This is an issue that is fought on many fronts.

You have the enforcement front, you have the legislative front, and you have the treatment front.

And there are many other fronts to fight this epidemic.

The -- you think about I-STOP, is that -- the numbers aren't out yet, but, we are very confident that it is working, and that it is cutting down on doctor shopping, and that it is cutting down

on the availability of the prescription drugs.

And I do have to say, that this man sitting next to me, Mr. Luke Nasta, had said it at our first roundtable that Andrew and I had at the South Shore YMCA; he said, that: You know, we'll be successful in this, but things with heroin are still -- they're on the rise as we speak.

And the heroin issue was always there when we tackled the prescription drug. And it was all part of this.

And although we cut down on the -- we focused on the enforcement and we focused on the doctor shopping.

We always had in the back of our heads that the next step would be the treatment, and providing the proper treatment for those who had this addiction to heroin.

So I want to just thank you, Senator Lanza, Senator Savino, and Senator Boyle, for having me as part of this panel, and I look forward to the discussions today.

Thank you.

SENATOR LANZA: And before we turn this over --

Thank you, Assemblyman.

Before we turn this back over to the Chairman, Senator Boyle, let me tell you how this is going to work today.

We're going to hear from a number of categories of panelists. We're going to hear from some of our neighbors, parents, and even someone who's fighting addiction.

So, we're going to hear from those who are personally affected.

We're going to hear from public-health experts, from both hospitals here, and others, here on Staten Island.

We're going to from our law enforcement who are really at the front lines in terms of some of the aspects of this epidemic.

We're going to hear from, as Assemblyman Cusick just mentioned, folks like Luke Nasta, experts on recovery and treatment.

And, finally, there will be a conclusion.

So, Senator Boyle.

SENATOR BOYLE: Thank you.

SENATOR LANZA: And I just have to do this, but, someone who helped work with us on the I-STOP Bill is here, Former Assemblyman Lou Tobacco.

I want to acknowledge his presence.

[Applause.]

SENATOR BOYLE: Thank you very much, Senator.

And, now, if we could just have the panelists briefly introduce yourself and where you're from.

We can go around, and we can make statements a little bit later, but, just, we want to know where you're from and your current position.

BORIS NATZEN: Boris Natzen, the owner of Nate's Pharmacy.

DR. DANIEL J. MESSINA: Dan Messina, president and CEO of Richmond University Medical Center.

DR. RUSSELL JOFFE: Russell Joffe, chair of Psychiatry at Staten Island University Hospital.

ANTHONY C. FERRERI: Tony Ferreri, president and CEO of Staten Island University Hospital.

DIANE ARNETT: Diane Arnett, president and CEO, Community Health Action of Staten Island.

JAMES FIORE, JR.: James Fiore, resident of Dongan Hills, Staten Island. And I'm a resident of Community Health Action Outpatient, student of CSI.

CANDACE CRUPI: Candace Crupi. I'm Jonathan Crupi's mom.

BARRY CRUPI: Barry Crupi, Jonathan's father.

BRIAN HUNT: My name is Brian Hunt, and I'm a

broken-hearted father. I'm from Princes Bay.

Two months ago today, I lost my son to a heroin overdose.

LUKE NASTA: Luke Nasta, executive director of Camelot Counseling.

[Applause.]

JACQUELINE FIORE: Jackie Fiore, executive director of the YMCA Counseling Service.

[Applause.]

ADRIENNE ABBATE: Adrienne Abbate, executive director of the Staten Island Partnership for Community Wellness, and the project director for the Tackling Youth Substance Abuse Initiative.

[Applause.]

GARY BUTCHEN: I'm Gary Butchen, the president and CEO of Bridge Back To Life Center.

We're a network of outpatient programs here on Staten Island, Brooklyn, Manhattan, and Long Island.

[Applause.]

ASST. CHIEF EDWARD DELATORRE: Assistant Chief Edward Delatorre, commanding officer of the uniformed force, NYPD, Staten Island.

CAPTAIN DOMINICK DORAZIO: Captain Dominick Dorazio, commanding officer of

Staten Island Narcotics.

KAREN VARRIALE: Karen Varriale, assistant district attorney, representing Dan Donovan and the Richmond County DA's Office.

JAMES J. HUNT: James Hunt. I'm the acting special agent in charge of New York Field Division, Drug Enforcement Administration.

SENATOR BOYLE: Thank you very much, ladies and gentlemen, and we look forward to your input.

You know, when we hear a lot about this heroin epidemic, as Senator Lanza said, it's a nationwide, and certainly a statewide problem in New York.

And coming from Long Island myself, we always heard about a particular area of difficulty in -- with this heroin epidemic, and that was Staten Island.

We have a big problem on Long Island, but Staten Island was really a center of the tragedy of this epidemic.

And, we hear a lot about statistics and numbers, but, these are human faces behind that story. There's losses, there's personal tragedies.

And that's why we asked some family members to accompany us today, to tell us about their story.

And I would like to introduce Mr. Brian Hunt.

BRIAN HUNT: Thank you.

Like I said, two months ago, I lost my son to a heroin addiction. And needless to say, my family is devastated.

We found out the hard way, the first time my son overdosed.

And we did what most parents do, is we wanted to keep it quiet.

And one of the reasons is -- that we're not hearing a lot about this epidemic, is that a lot of parents want to turn around and keep it hidden because they're embarrassed and ashamed.

Now, let me ask a question here:

Who in this audience knows someone that had passed away from a drug addiction? Raise your hand.

Keep your hands up, and keep them up high.

I want this panel to look at this, and let this be the face of what this drug addiction is doing.

Not me. I'm a father, that's all. I'm not an expert.

But I will tell you --

You can put your hands down.

I will tell you that this has to be looked at at three fronts:

The first front is alcohol.

Understand, that this all starts with alcohol, underaged drinking. They get the liquor from the home. They get the liquor from their friends.

When the liquor is not available, someone turns around and says: Hey, remember when my mom hurt her back? The doctor gave her these pills, they're prescription. They made my mother feel great. It's from the doctor. Take one. Take two.

Next thing you know they're addicted to the pills.

They're available; they're in your medicine cabinets. That's where they get them from.

Now they have to go purchase them.

Now you have no more money. You can't afford 20, 40 dollars a pill.

What do you do?

Someone pretending to be your friend turns around and says to you: Hey, I have some heroin. I do it all the time. Look at me.

Meanwhile, he doesn't do it.

He says: Take it. It's cheap: $5, $10.

They feel great, but you want to know something? Once you put it up your nose or you put it in your arm, that's it.

I want everyone to go online and look up "Miss Heroin," M-I-S-S Heroin, and see what that is all about.

Because, you read that, that's what -- that was my son, exactly what took place. And it's a look into the future.

If you went on vacation, and I said to you, "Let me give you a look at what that vacation will turn out to be," and while you're looking, you're seeing:

You went on vacation, everything was nice. You got in your hotel. You got in your car and you're going to the beach. And then, all of a sudden, you saw you got in an accident. And maybe some members of your family did not survive.

Would you go on that vacation? Probably not.

But if you did go on that vacation, guess what? You wouldn't go down that road where you had that accident. You'd go someplace else.

And what is that? You have knowledge.

And that's what stops this epidemic, is knowledge.

When our children were growing up, when we sent them off to school, or we sent them to the park, what did we tell them?

Don't talk to strangers. Don't take anything from a stranger. If someone wants to give you something, yell, scream, tell someone. Tell a teacher, tell a cop, tell the crossing guard, tell a parent.

Well, that still holds true today for our older kids, but the problem is, it's not only strangers. The people that are doing and selling drugs could be the people in this front row, the people in the back row, could be somebody on this panel.

The people that are doing it are friends and neighbors, and they are hiding in plain sight.

I can tell you I just found out, four houses past me, behind me, father and son were selling drugs. They're now not around anymore, but they sold drugs to my son. That's five houses down.

So we could be a mother, a father, a sister, a cousin. It's not your typical guy that you could point out, He's a drug addict or a junky.

My son wasn't a junky.

My son was a good kid. He was trying to make

a way for himself.

Someone pretending to be his friend gave him something that was bad for him.

And young kids today think everybody's their friend.

But I can ask this panel and I can ask everyone here: I'll bet you, 2-to-1, you can count your friends on one hand. True friends.

And as I told the kids at my son's wake, I said: Listen, if you're a true friend, and you see someone in trouble, say something, do something. If they give you a hard time, go to their parents and tell the parent. "Put the people in the know," as the kids say. Let people know about it.

The more people that knew about my son having an addiction, the less people would invite my son to a party where there's going be alcohol.

And when my son died, I found out, my son, 30 days before he died, he went to a Super Bowl party, and had a drink. And 30 days later my son overdosed on heroin.

So, I don't want you ever standing here with me. I don't even want to be here. I would rather go back three months and do something different.

When my son passed, I was not home.

Had I been home, maybe my son would be alive today. But I was taking care of my father-in-law who was supposedly dying at that point in time.

Unfortunately, he died ten days after that, so we had a double-whammy in the life.

And I never told him about my son's addiction.

But, we have to let people know. We have to get people help.

My son went to the Y. They helped him tremendously.

Adrienne from Tackling Youth Substance Abuse, I've been to one of their presentations.

Let me tell you something: Get involved with these people.

Tackling -- with Adrienne, Tackling Youth Substance Abuse, they'll teach you how to go out in the world and talk to people, and explain to people what this drug addiction is doing to this island.

But you have to get involved.

And you have to be a parent. Don't -- you don't want to be my best -- I'm your best friend to your son or your daughter.

Be a parent, do what you're supposed to: Protect them, guide them.

And I will tell you, as far as, if you really want to know what we need to do, if I know I had a snake in my house, and it was going to hurt my family, what's the best way for me to get rid of that snake? I'm going to cut its head off.

These people here need to stop the influx of drugs onto this island.

The people that are selling the drugs, you need to have a stiffer law. People selling drugs, don't slap them on the wrist, become a first-time, you know, dealer.

A drug dealer and a first-time drug dealer are the same to me. If you sell drugs, in my opinion, you should go to jail forever.

And you know what? They say we don't have the room? You have people sitting on death row for 20 years. Let's move it along, or build more jails, but you need to get the people off the street.

We need to let people know on Staten Island, you sell drugs, eyes are on you. Someone's going to say something.

So we need to attack that on three fronts.

The treatment, we need to go back to the schools.

What happened to having No-Drug Week in

schools?

These kids are learning about drugs on the streets.

Get back in, teach these kids what drugs are about.

The more knowledge you have, the better you are prepared to turn around and say: No, sir, I don't want that. I'm not taking that.

And understand, the drug dealers and this epidemic does not care how much money you have, where you live, or what job you have. It's going to affect everybody.

And I'm sure that -- I'm sure if I asked this panel to raise their hand, they would be able to tell you, "Yeah, we know someone."

So they're familiar with it.

So we now need these people to put their heads together, and with you, with your suggestions, to be able to come up with a plan to, I say, fight the drugs coming in here.

Arrest the people that are dealing the drugs, put them in jail for life; get them off the street.

And, educate our children, going forward.

Plus, you need to financially support the groups that are helping. Like this young man here,

and that group in the back, they need to be supported.

We need to help the people that are in crisis now.

We can always go back and help the kids that are young, and make them understand what damage it does do.

But we need to set -- we need to support the agencies that help the people with the addiction.

Anybody here quit smoking? [Raises hand.]

I quit smoking. Damned hard; right?

Imagine trying to quit heroin. That's really hard.

And my son fought that fight. He went away, he got treatment. He was clean for nine months.

I still don't know what caused my son to do what he did, but at the end of the day, on my son's death certificate, it says, "acute heroin intoxication."

And that's my story.

And for the rest of my life, I have to live without my son.

You know, we have memories. I can't put my arms around a memory.

So, this epidemic has taken my son, much like

the Crupi family.

And I don't want anyone else, and we'll share in that, we do not want anyone else to share what we have. Believe me.

There is a piece of us missing, and people say, "time heals all wounds."

No, it does not, because, there is a hole in us. There is a piece of us gone forever.

Please, if you know something, you see something, say something. Step up.

If you're a friend, tell someone, because people need help. We cannot -- we cannot put this underneath the carpet any longer.

I will applaud Senator Lanza for getting -- making it harder to get pills, but if I wanted to be critical, I would say we should have went after heroin first, and then go after the pills.

But, they did a magnificent job doing that, and I applaud everyone.

And I applaud everyone here for coming forth, to put forth a plan to finally get rid of the epidemic in Staten Island.

Thank you, and God bless you.

[Applause.]

SENATOR BOYLE: Thank you so much,

Mr. Hunt. Thank you for sharing your story.

We now hear from Miss Candace Crupi.

CANDACE CRUPI: And, good afternoon.

I lost Jonathan in Conosco once, when he was 4, and it took me 20 minutes to find him.

By the time I saw him, I was frantic. I smacked him on the bottom and told him never to wander from me again.

And with tears in his eyes, Johnnie looked at me and said: Mom, you're making me hit my children.

And I thought that was kind of profound.

He was a happy, loving caring kid.

When he was 7, he wanted to be a priest, but settled to be an altar boy.

At age 9, the priest asked for volunteers because there was a shortage of ushers, and the next week he came to church in his suit to help out.

Jonathan was a high-achiever. There was so much he wanted to do.

He always had high grades. He was a Boy Scout. He earned a black belt in karate. He played every sport imaginable. He took music lessons, he played.

My whole job was just to usher him from place to place. My car looked like a changing room.

Life with Johnnie was always an adventure.

That all stopped the day, when he was in seventh grade, at the age of 12, he was introduced to alcohol. His first experience with liquor put him in the hospital, where he stayed for three days because of alcohol poisoning.

That was the beginning of John's addiction.

He quickly got bored of liquor and started smoking pot.

When that didn't do enough, he started on pills.

By the time he was 16, he was hopeless -- helplessly addicted to oxycodone.

The only reason he went to heroin was because he couldn't afford oxycodone anymore.

I can't count the detox, rehab, and counseling stints he did.

Jonathan was once given a choice of drug rehab, which he knew would be nine months; or four months in jail, which he knew would be actually two months for good behavior.

Well, he chose jail.

We were always told that he wouldn't stop unless he wants to. Or, he has to hit bottom before he'll stop.

We kicked John out for days or weeks. He would go into the woods or sneak in stairwells to sleep.

How far is bottom?

The problem is, how they -- how can they want to stop if they can't think straight?

These drugs take over their whole way of thinking until they just can't think for themselves anymore.

And in the obituaries, there's a certain age group, from 17 to 55. And if you see "died at home," you know it was either a drug overdose or just too many years doing drugs.

Everybody knows it, but nobody says anything because it's taboo.

The families are left behind, feeling alone and frustrated and embarrassed because of their loved one's addiction. And we need to fix this.

You cannot define a person because of their addiction. You need to remember them as they were before the addiction.

Every single person, including my son Jonathan, started their life out on the good foot. They were happy, hard working, eager to please people, that had dreams and ambitions, and loved

their families, until they met drugs.

I will always be grateful to the many people who have tried to help John, but, somehow, I think the approach to treating addiction has to be different because we're losing too many loved ones.

I think drug rehab should be funded by the pharmaceutical companies. They're making ridiculous amounts of money, and they're reaping all the benefits but sharing none of our sorrow.

What about the new and stronger oxycodone?

Instead of Percocet or Vicodin, which is a about a third oxycodone and two-thirds analgesic, the FDA just okayed a new pill which is 100 percent oxycodone.

What's wrong with this picture? What are they thinking?

The drug companies also came out with the nasal spray called "naloxone" that can block the effects of an opioid overdose. And they're handing them out and training people to use them, which is great.

The drug companies are trying to make us think that they're doing everything they can to help, which couldn't be farther from the truth, though.

I'm afraid it's going to give the families a false sense of security because, unless you're there when the person takes the heroin, it only takes a couple of minutes for the drugs to start working.

Whether it's snorted or shot, it doesn't matter, both ways are deadly.

Once a drug starts working, their breathing slows until they stop breathing all together.

The whole process takes no more than 15 minutes before that person dies.

And I know this, because the overdose that killed Jonathan wasn't his first.

Johnnie had a tattoo on his arm, and I loved it. It said: Every angel has a past, and every sin has a future.

Let's work at giving these people so helplessly addicted to these drug a future.

We need to erase the stigma or the embarrassment and treat these people like the loved ones that they are, and maybe they'll go for help.

Thank you.

[Applause.]

BRIAN HUNT: Can I just interject for a moment?

Candy said some very potent things.

And, you know, I want everyone to understand that drug -- drugs and the addiction is an illness. It's not a handicap. And you shouldn't look upon someone as being deformed in any way.

It's an illness. Just like every other illness, just like cancer, it's the same thing, and it has to be treated.

But I also wanted to say, for Mr. Hunt, and this board here:

I was just informed the other night, when I went to the funeral for the John [unintelligible], the young boy that passed, and nobody knows why he passed yet, and I was told that there is a new synthetic drug out there today. It's in New Jersey, and the chances are, it's going to be coming here.

It's a little tab that you put on your finger, and you put it on your tongue or on your gum. It's called an "N Bomb."

And you know where the kids were ordering it from? Online.

That's been, obviously, stopped, but I'm sure there's ways of getting it.

So, I think we need to be on the lookout for that, also.

It's like LSD, and it, just -- you know, it

gives you hallucinations.

But, I do have -- I do have a website that will explain to you everything about it, if anybody wants it. It's a news reporter and also a police officer.

And it is killing kids, 15, 16, 17 years old.

Thank you.

SENATOR BOYLE: Thank you, Mr. Hunt.

And thank you, Mrs. Crupi.

We will now hear from a young man in recovery, James Fiori, Jr.

James?

JAMES FIORE, JR.: Good afternoon.

Oh, the mic. Sorry.

Good afternoon, ladies and gentlemen.

My name is James Fiori.

This afternoon, I'm going to share a part of my story, struggles, and hope with you all.

I was born January 1, 1992; an ordinary boy with a middle-class Brooklyn family, who moved to Staten Island to have a better life for me and my little sister.

Unfortunately, no matter where I moved, I was unable to get away from the addictive genes passed to me from my parents.

Regardless, Staten Island was my new home, and I truly enjoyed my childhood, until one fateful day, when I was about 14 at the time. Sometimes I would sneak a cigarette, or a pull the joint with some friends.

At the time, that was the extent of my drug use. Like a lot of my generation, at that young age, I was experimenting.

Then came the day, for better or worse, that shaped the rest of my life, and so many more lives on this island.

I took my first Percocet at about 14.

Excuse me.

I loved the feeling it gave me, and my addictive genes kicked right in.

My addiction progressed quickly, from taking a Perc or two, to snorting oxycodone, and Oxycontin, and needing any opiate just not to be sick.

Very quickly, my life had been consumed by the horrors of opiate addiction and its dependence.

I was raised a good young man, with respect, loyalty, and a good set of core values.

When I was using, however, that all went out the window.

As my tolerance grew, I would do things to

get pills I would never have dreamed.

I sold all my valuable possessions, and stole from my parents and friends.

In the end, I lost all of my true friends because they couldn't bear to see the drug addict I had become.

This for me was the saddest and most oppressing point I've yet been in in my young life, because I knew what I was doing was wrong but my desire for opioids outweighed my conscience.

Of course, the consequences of my addiction caught up with me and I was arrested. I went through the system, and had a 4-year battle with courts, lawyers, and prison.

I navigated through the system in order to keep felony charges off my record that would have permanently scared my future.

At this time, I would like to thank my mother, Marie Fiori, for not giving up on me through these dark years.

When I was released from prison, I was full of hope, but people, places, and things I couldn't stay away from.

In a short time, I was back in the grips of full-blown addiction.

Thank God, at this time, a few people saw a light in myself that I thought was extinguished long ago; mainly, my counselor, Naomi; and the director of the Community Health Action, Angela Antonaccio [ph.].

Through their guidance and counseling, I was encouraged to go on Suboxone, which, at the time, was the best thing I could have done.

Excuse me.

Since I've been taking my Suboxone as prescribed, and attending my daily groups at Community Health Action, I've been able to turn my life around, and the obsession to use pills and heroin are now gone.

Now I go to college and outpatient five days a week. I'm not perfect, and I still have slip-ups, but, overall, for the first time in years, I'm truly happy.

I am now starting toward becoming a counselor at CSI.

In my story, I want to stress the importance of Suboxone, with groups, and the willingness to stop using, as a major factor in the success of my recovery, thus far.

With all respect, and sincerity, I would dare

broach one last topic with the ladies and gentlemen in this room.

It is my firm belief that Suboxone can help other young people to fight the disease of opiate addiction and maintain successful clean time, just as it has helped me.

I humbly ask a policy of Staten Island Task and Treatment Court clients having to be cut off Suboxone in order to complete their mandated term of treatment, to be changed.

I hate to quote statistics, but, statistically speaking, the highest rate of lasting sobriety for long-term opiate addicts on Suboxone is for about two years, coupled with talk therapy. And that has a success rate of about 50 percent.

A 50 percent success rate may not seem significant, but it is significantly higher than any other modern method of opiate treatment.

It is my firm belief that responsible individuals who take their medicine, not to get high, but as a chance to live -- excuse me, but as a chance to live a sober life, should be able to have a choice to stay on their medication, with their own willingness to stop, instead of being prematurely forced to be taken off of Suboxone before they can

graduate their mandated terms.

I know policy change is not made easy, but with hope and education, I believe that this policy can be improved upon, for the sons, daughters, fathers, and mothers on our island who are suffering from this deadly disease of opioid addiction.

In closing, I would like to thank the whole staff of Community Health Action for supporting me through both my failures and successes, and for continuing to be a guiding force and sober-support network in my life.

I would also like to thank all of the people on this panel, the mothers, fathers, Senators, Councilmen, family members; everyone here for listening to me.

Thank you, and respectfully and sincerely, James Fiore.

[Applause.]

SENATOR BOYLE: Thank you so much, James.

Thank you for having the courage to share your story, and giving us some good idea, actually, for some legislation to look at as the panel progresses.

I would like to now open it up to the panelists.

Our first area is going to be on public health, and the effect that the heroin epidemic and opioid epidemic is having on our hospitals, on our treatment facilities.

If we could start with, perhaps, Dr. Messina, can you tell -- give us a little bit of your insights from Richmond University Medical Center?

DR. DANIEL J. MESSINA: Good afternoon.

Thank you Senator Lanza and Senator Savino for organizing this critical forum.

Staten Island has surpassed the rest of New York City, with 10.2 fatal overdoses per 100,000 people.

Heroin deaths were higher in the past years on our own mid-island and south shore than in any other neighborhood citywide.

South Beach and Tottenville were in the top five neighborhoods in New York City.

Thanks to city and state elected officials, naloxone was introduced, and the internasal drug is credited for saving lives of heroin overdoses if administered properly.

The drug is now carried by police officers in Staten Island neighborhoods as part of a pilot

program.

As of yesterday, Richmond University Medical Center's EMTs are all equipped with naloxone and trained to administer this life-saving medication.

We were the first in the New York City 9/11 system to be fully trained and carrying naloxone, a step we took to protect our community and stem the rise of overdoses seen in our borough.

Richmond University Medical Center has made critical changes to our emergency department guidelines, to minimize the number of opioid pain killers prescribed upon discharge.

We have further instilled in our emergency physicians that no long-acting opioids are to be utilized unless clearly necessary for proper treatment.

The new guidelines are part of the New York City Emergency Department Discharge Guidelines. The set of nine guidelines, along with clinical judgment and expertise, can help reverse opioid dependence and overdose.

We are currently working with all of our physicians to implement new prescribing guidelines within their practices, as well, to minimize legal access to opioids, since the risk of addiction or

misuse is so widespread.

Through our participation in the DEA's Drug Take-Back Program, Richmond University Medical Center collected more than 300 pounds of unwanted, expired, and unused prescriptions.

The Joint Senate Task Force is a significant step towards awareness and action.

My staff at Richmond University Medical Center looks forward to working with everyone on the panel, and with you, Senator Lanza, Senator Savino, to reverse trends and to educate Staten Island residents.

Despite recent overdoses of high-profile celebrities in the media -- recently, Philip Seymour Hoffman, we all read the story -- many residents of our boroughs believe that heroin addiction cannot happen in our quiet neighborhood.

It is happening here; just as it's happening even more dramatically in that quiet little Rutland, Vermont, neighborhood upstate.

"New York Times" Reporter Kathleen Seeley described this crisis as a call to arms.

And a recent "Rolling Stone" article described Vermont at the new face -- as the new face of heroin addiction.

Vermont's Governor Pete Shumlin devoted his entire State Of The State message to what he said was a full-blown heroin crisis.

It's critical to pay attention to Vermont, as it paints a picture of the consequences of heroin addiction in a small community.

Richmond University Medical Center is committed to being part of the solution: working to educate borough residents, working with our elected officials, and acting as a resource in the development of new policy solutions that will stem the tide of opioid addiction.

Treatment is available for all those faced with addiction.

Our Silverstein Clinic and Rehab Center is available for those 18 and older. And we have a 24-hour hotline that can be called by anyone.

Again, in Rutland, Vermont, what struck me was, the director of psychiatric services, a gentleman by the name of Jeff McKee [ph.], and I quote him, "There is probably not a person in Rutland County whose life has not been affected by opioid addiction in one way or another."

And I think the same applies to us here in Staten Island. And I can include myself.

I've had three of my very close relatives die of drug overdoses over the last many years, beginning in 1977, on Mother's Day. Ten years later, his brother. And then, about seven years ago, my cousin who is a pharmacist.

And, again, like Mr. Brian Hunt just said, these were great, great kids.

I am unsettled at the epidemic that continues to build before us; however, I am optimistic, as I look forward to this panel of experts to devote the energy and resources needed to save our residents.

And I look forward, I'm back on my fifth day from 30 years in New Jersey, and I'm really pleased to be back in my hometown to, hopefully, help along the way. Thank you.

[Applause.]

SENATOR BOYLE: Thank you very much, Doctor.

Now, this is not really a hearing. It's more of a forum.

So, please, anybody chime in, if you have something to add, or -- to whatever's being said.

I'd ask the same question of Dr. Kunins, regarding your experience with --

LUKE NASTA: if I could just say something?

SENATOR BOYLE: Oh, please.

LUKE NASTA: I just want to applaud you, Dr. Messina, for talking about how it affected your own family, because, as long as we get it out from under the table, and we put it here, we've got a chance of controlling it and beating it.

And, you know, thank you for leading the way, and being a role model.

DR. DANIEL J. MESSINA: Thank you.

And could I could say, again, like Mr. Hunt mentioned, it sticks with us.

You know, as an only child, those were my three -- believe it or not, my three closest cousins, so they were semi-brothers to me when I grew up.

So it's something, a piece, that will never go away, and that's missing.

[Applause.]

DR. HILLARY KUNINS: Thank you, Senators Lanza and Savino, and I was very happy to be able to participate both yesterday at this event in Manhattan, and today here on Staten Island.

I'm Dr. Hillary Kunins. I'm the acting executive deputy commissioner for mental hygiene at New York City Department of Health and

Mental Hygiene.

We at the Health Department at the city have been, as you all know, very concerned and active in addressing issues of prescription drugs and heroin.

My colleague from RUMC just mentioned, according to our health-surveillance data, and nationally, there were 16,000 overdose deaths in this country.

We see them as preventable.

And, surely, as we hear today, and from our colleagues, really tragically take the lives of people mostly way too young to be facing this serious illness.

In New York City, as you heard, rates of unintentional overdose deaths have increased 233 percent from opioid analgesics since 2000.

And in the last two years, heroin-overdose deaths in our city have increased 84 percent.

Staten Island has been hardest hit in terms of both heroin and opioid analgesics of all of our boroughs.

I just want to say, also, personally, as a physician, where I cared for patients both in primary-care and in addiction-treatment settings for more than 16 years in the Bronx, caring for people

with this illness is really one of the most professionally satisfying parts of my work as a clinician, and having the ability to see folks recover. And some of the tragic losses that I had the honor of witnessing, and talking to families, is a really important part of my career as a physician.

And I think I want to share that to say, that this disease is greatly stigmatized, both the disease and its treatment.

And by coming out both personally and professionally to say that this is an important piece of our work together, I think that this is why it's really great to hear from families, people affected, to hear from people in the profession, to say how important this work is to all of us.

And convening this Task Force in this way is a terrific opportunity to be able to do that.

I also want to highlight my work and our work at the Health Department.

In addition to the surveillance that we do, we are very proud to have been able to participate in an effort that city and state and federal colleagues called "Rx Stat," part of the Mayor's Task Force on Prescription Pain-Killer Abuse started in the last administration.

Housed at the Health Department, Rx Stat is a public-health and public-safety collaboration -- some of our colleagues and collaborators are here today -- that enables key data around opioid surveillance in real time. Multiple and innovative data sources are used to give a comprehensive view of the opioid problem in New York City.

Importantly, this collaboration allows us, across agencies, across state and city, to coordinate efforts, think of solutions, and act in a timely fashion.

As you know, the Health Department supports access to naloxone, which you've already heard mentioned today. We support training and naloxone distribution to laypeople trained as overdose responsers -- responders.

Since 2009, we are aware of more than 500 overdose reversals conducted by laypeople, and we know that this is much underreported.

We have also collaborated, as you'll no doubt hear, with New York City Police Department in a pilot program here on Staten Island, and we are aware of three reversals to date.

The Health Department also strongly supports Senator Hannon's bill that would enable more

widespread distribution of naloxone, by allowing trained laypeople, as well as pharmacists, to dispense naloxone with prescriber authorization.

As you already heard, another key part of our efforts have been to promote guidelines, both for emergency department and general-practice settings, promoting judicious opioid prescribing.

We have also engaged in public awareness by producing and airing several PSA (or public-service announcements) on the risks of prescription opioids; most recently, highlighting two Staten Islanders: one who tragically lost her son from an opioid overdose, and another highlighting a gentleman in recovery.

Finally, and to echo the words you just heard, there's urgent need for increased awareness of and access to effective treatment for patients and New Yorkers with opioid dependence and addiction.

And as you've heard, like other chronic health conditions, addiction is treatable.

You heard about the 50 percent success rate.

And I can tell you, in my work in primary care, 50 percent effective treatment of diabetes and high blood pressure is a pretty good rate.

And, so, I want to just say that that's a pretty good success rate, and we should take every advantage of it.

Scientific evidence demonstrates that medication-assisted treatments, such as methadone and buprenorphine, is the most effective way to treat opioid addiction, which is a chronic, and can be a lifelong, illness.

These medicines reduce deaths, drug use, crime, and help people participate in their communities, their families, and workplaces.

I will close by reiterating, we firmly believe these deaths and addiction is preventable, and moving forward addressing both opioid-analgesic and heroin-overdose deaths will continue to be a priority for the City Health Department.

We very much thank the Senate for their focus on this public-health crisis, and we look forward to working with you to move forward.

SENATOR BOYLE: Thank you.

[Applause.]

SENATOR BOYLE: I would like to acknowledge that we've been joined by the Staten Island representative of Governor Andrew Cuomo, Paul Duffy.

Paul, thank you very much for coming.

[Applause.]

ASSEMBLYMAN CUSICK: Doctor, I just have a quick question.

In reading the testimony, I see 2012.

Do we have recent statistics on overdose unintended overdose stats?

DR. HILLARY KUNINS: So, though we are -- so, not yet. We don't have final numbers.

We're hoping by the summer to have compiled and checked figures.

ASSEMBLYMAN CUSICK: Okay. Thank you.

SENATOR BOYLE: Thank you.

We do have a couple of questions from our audience.

I would like to add one here, we have from a parent: "Are there tips you can offer to help me identify if my kids are on heroin or oxycodone?"

And I guess, Dr. Joffe, if you could...

DR. RUSSELL JOFFE: I'm not sure that there's a specific answer to that.

I don't think it would be -- it would be nice, but, no. Neither of those are good options.

So, the important thing is, to have open communication.

And -- but, I don't think there's a specific

set of clinical symptoms that are going to differentiate these addictions.

SENATOR BOYLE: Thank you.

Yes.

CANDACE CRUPI: From experience with my own son, opioid, the pills, the Oxycontin, if they're on them, they itch a lot. They're always scratching their face.

They take the heroin, they're out cold.

There's two -- yeah, that's the difference.

They don't take heroin, then just walk around and itch around. They're out cold.

And that's our experience.

BARRY CRUPI: They nod out a lot.

CANDACE CRUPI: Yeah, they nod out a lot, but, they don't scratch their face, and they're not very itchy.

The pills make them very itchy.

BARRY CRUPI: And they don't eat when they're on heroin.

CANDACE CRUPI: Right, yeah.

BARRY CRUPI: He never ate when he was on heroin.

CANDACE CRUPI: And, yeah, you would know, too. Right?

JAMES FIORE, JR.: Absolutely.

AUDIENCE MEMBER: [No microphone used.] Maybe somebody from the panel [inaudible].

LUKE NASTA: If I may?

Nobody knows your children better than you do. Nobody. Not their buddies, not whoever hangs out with them.

As a matter of fact, the ones who know the best are the siblings.

But nobody knows your children better than you do.

If you suspect something's wrong, trust your instinct something's wrong.

Whether we call it Oxycontin, oxycodone, marijuana, inhalants, pills, heroin, cocaine, whatever it is, you'll know that there's a problem. And step up, and step into it, or wind up like these unfortunate parents here.

AUDIENCE MEMBER: [No microphone used/inaudible.]

LUKE NASTA: No, I'm sorry.

AUDIENCE MEMBER: [No microphone used/Inaudible.]

UNKNOWN SPEAKER: You're right.

You're 100 percent right.

[Applause.]

JAMES FIORE, JR.: Thank you.

I know from my own symptoms, extreme -- if -- you could tell if someone is using oxycodone or Oxycontin or any powerful opiate, by things, like, there's mood swings.

In the morning, at night, being extremely happy because they're high.

And then the next morning, going into temper tantrums and tirades and punching holes in the walls.

You can tell that they're not just doing other things. Not maybe smoking weed, and whatnot.

You know, if children, which I have done, I switched -- if I was -- when I was using, to ask my mother for, "Mom, can, I have $30? I'm going to go out to see a movie with a girl."

Or something like that. And I -- I'd hang out in the neighborhood with my friends, in the house. I don't go anywhere.

You know, she can see, you can tell that people on any opioid, if their eyes are pinned, if their pupils are pinned, and not dilated. You know, that they get smaller.

And, isolation.

Isolation, in progressive addiction -- as addiction progresses, isolation becomes a big part of it. You know, what I mean?

And you'll see the crowds of children that your friends hang out, that -- excuse me, the crowds that your children hang out with will change.

Slowly, but surely, you'll start to notice that they're not the kids that are going to school or playing sports. They're the kids that are smoking weed, that are selling weed, that are selling pills, that are drinking and partying.

You know, with me and myself, I know that I put my mother through hell. I know that I stole.

My mother knew, because she noticed her medication was missing, because my -- both of my parents worked, you know, two New York City jobs: a postal mail handler, and, a track layer, my father.

They were both -- they both worked City jobs, and I stole both their medications.

My mother -- my mother got off hers. She chose to get off hers for that reason.

And, uhm -- yeah, you know -- I'm sorry, that's all I have. Thank you.

Thank you.

[Applause.]

BRIAN HUNT: If I could just add to what James said, James obviously lived it; hits the nail on the head.

And you're right, he's the one we need to hear from.

But I will tell you, from a person's point of view, my son, very active, athletic, smart kid.

You know what? It was there. We didn't see it. We didn't know what we were looking at, what we were looking for.

But when you find out, what happens is, they withdraw. They don't eat. They lose weight. They sleep a lot. Sometimes they don't sleep at all.

And then you notice, like James said, my son started to get new friends.

You know, when you get accustomed to seeing the same group of kids with your son, in and out of your house, who's there, who's playing, you know, who's on video games, who's eating dinner with you, or having a Sunday sauce, or whatever, and then, all of a sudden, you meet these new kids, and, "Hey, dad, this is my friend Tommy."

You know, my son had a -- my son was in a fraternity with St. John's. He would introduce me: Hey, dad, this is my friend Tommy. He's going

to be joining us.

"Okay, cool."

"And this is my friend John."

"This is my friend Bill."

All these new people.

And you know what? They come up very respectful: Mr. Hunt, how are you? Nice meeting you. You have a lovely home.

Goes down and sees my son.

How do I know that that wasn't the person that said: Here, here's your stuff, in my house?

So there's a bit of disrespect involved in that.

But you have to look for it. You have to really look hard at your kid.

It's not going to jump out and bite you. You have to pay attention to it.

And when they start to withdraw, and they don't want to go away with you, and they don't want to go someplace, you know, you begin to say: You know what? I don't want to leave them home.

I will tell you, when my son went away for treatment, went for two months --

AUDIENCE MEMBER: [No microphone used/inaudible.]

[Microphone handed to audience member.]

AUDIENCE MEMBER: Jacqueline, you know me.

YMCA didn't help him.

You know me very well. I put him in there how many times?

He's 22, I can't help him no more, they say.

He's 22.

Nobody can help me.

I have a petition, I just handed it to you.

I love my son, he's a good kid. Very respectful.

He went to Cooper's wake. That's the day he almost broke my arm, right after it. He begged me for money.

She just lost her son three weeks ago.

[Another audience member stands.]

AUDIENCE MEMBER: There's a lot more.

UNKNOWN SPEAKER: How much?

AUDIENCE MEMBER: A lot more.

Pinning of the eyes. They can get big, they can get small.

Sean's a good kid.

I got three boys.

It's hard.

Heroin is hard.

Outpatient don't work. I'm sorry.

Outpatient doesn't work.

Suboxone does not work.

Morphine does not work.

He went to Seguine. They gave him a drug, three weeks ago. What did he do with it? Sold it.

He went to YMCA, they gave him Suboxone. He went on Facebook, "Got Subs for sale. I got Subs for sale."

I went back to Y and I said: Look, Sean's got Subs for sale.

I showed them his Facebook. I argued with that counselor.

And what did the counselor say to me? "I don't like your attitude."

To me, the mother, "I don't like your attitude."

I said: I don't like you. Do you have children?

No, I don't have children.

I said: You don't understand then. He's my son. That's my son.

I want to save his life. I don't want to wind up like them.

And I'm very sorry for your loss. I am.

I want to save the children. And they are children, as far as I'm concerned. I don't care if they're 50, they are my children.

And I have a petition.

No matter how old they are, we as parents have a right to save our children.

I'm asking for that petition.

And, everybody, I have a petition. If yous want to sign it, I'll be at the door.

AUDIENCE MEMBER: [No microphone used.] For what? What is it?

AUDIENCE MEMBER: To change the age, of a parent to sign their family member into rehab for at least nine months, until they have the thinking mind of their own.

[Applause.]

AUDIENCE MEMBER: [No microphone used/inaudible.]

AUDIENCE MEMBER: Because they cannot think while they are high.

[Applause.]

AUDIENCE MEMBER: They cannot think on their own while they are high.

AUDIENCE MEMBER: Can I say something?

My --

AUDIENCE MEMBER: I'll be at the door.

AUDIENCE MEMBER: Excuse me, I'd like to say something.

My daughter is presently in rehab, and she has a co-occurring condition.

My daughter had to go to Florida for help, because she came -- went to the Staten Island Mental Health. She refused to go. She said she was going, and she -- after three times, you're out the door and they can't help you anymore.

So I -- my daughter is now in rehab in Florida.

And this "privacy act" thing that we all know about, when you're an addict, they're really not -- in my opinion, they're not focused properly in their heads. They just care about getting their substance.

What happens is, my daughter was admitted into the hospital for psychological problems; wanting to commit suicide a couple of times.

And the MS came, "Bring her to the psych ward."

My daughter came out the same night.

Couldn't tell us anything, because my daughter was 18 years old. "The privacy act."

Where is -- where -- as parents, where do we stand?

Where do people, when these children, not right in their minds to make their own decisions to get their -- to get themselves help?

I even went to the courts to get my daughter that mental -- the right to -- to get her the mental, I forgot what you call it --

AUDIENCE MEMBER: [No microphone used/inaudible.]

AUDIENCE MEMBER: -- and they awarded it to me.

But what -- I would have to get the police to get my daughter in my home, where she was disappearing, going to crack houses, and what have you, to get her help during the police -- during court hours, and have the judge find out if she really needed psychological help.

I mean, where is the rights, as parents, to get your kids help without this privacy act?

I mean, they're not -- the addict is not right in their head.

You want to help your children, but you have this -- they're not telling you. They can't tell you what's going wrong with children, even though

you know. You want to know what your child's on.

My daughter -- they told my daughter to sign the paper.

They couldn't even tell me.

There was a police officer in the hospital with her. I couldn't even know what's going on with my daughter.

It's quite frustrating.

SENATOR BOYLE: Thank you very much.

And I'll tell you that, we raised a couple of issues here that I would like to get the panel's opinion about these.

One is, Suboxone; and, whether it's methadone, Suboxone, other medication, that addicts are using while they're going through treatment.

I have gone around the state, and some people swear by them, that these are -- it's the best way to recovery. And others are saying, no, that these addicted individuals are selling them on the street, and -- to buy more heroin or become addicted to them.

So, for the experts on the panel, I would like to ask your opinion, and what you feel about that.

Dr. Kunins?

DR. HILLARY KUNINS: So, thank you for telling us both of your stories. And I know these raise really complicated issues.

No single treatment works for every person; I just want to start there.

And -- and because of the severity of illness, sometimes it takes some time.

And I really respect --

AUDIENCE MEMBER: [No microphone used/inaudible.]

[Multiple audience members speaking at the same time.]

SENATOR BOYLE: Hold on.

Let me -- if we could, sir, you'll get a chance.

SENATOR SAVINO: Let her finish.

SENATOR BOYLE: You'll get a chance.

Let's get some information.

DR. HILLARY KUNINS: I do want to just offer, that different people's experiences are different.

But we -- but we -- and different intensity of treatment, outpatient and inpatient, is different for different people at different times.

We know from the medical literature, and that's where I come from and can provide some

insight, is that many, many people do well and are able to turn around their addiction with the help of medicines.

That's not to say everybody, and not to say that outpatient works for all people.

But to -- it's an important part of the continuum of care and the services.

And for some people who have not been offered medicine or not been available to take medicine before, it can change the course of their -- their course of their road for them.

And, I think we don't want to demonize one treatment or another. I think it's important, in the continuum of care, to make these options available.

SENATOR BOYLE: Thank you, Doctor.

SENATOR SAVINO: I have a question.

And, first, thank you for sharing that; your personal pain, and the heartbreak.

And I see there's so many of you here who are feeling this.

But what I hear is, the frustration that you've been through, attempts at rehab before, with your children, or your other family members.

And remember, this is not just kids. This is

everybody, you know. There's not a family I know that hasn't been touched by addiction, including my own.

But one of the things I'm hearing over and over, is this new trend of rehab, inpatient rehabs, which are directed, really, by the insurance industry that say: We'll only pay for 28 days of rehab.

28 days is not enough, particularly because of the drugs that people are utilizing now. Many of them, as Dr. Joffe knows, are also taking psychotropic medication to deal with other medical issues that they have.

We have a lot of mentally ill, chemically-addicted people, and they're self-medicating if they can't get what they need.

But 28 days is not enough time, and then to expect them to manage their medication, manage their psychiatric issues, manage their addiction, and do it successfully.

I think we're expecting way too much. There was a time when rehab was 12 months to 24 months, and inpatient.

[Applause.]

SENATOR SAVINO: And I'm just wondering to

the service providers, is there some -- is there a way that you can help us kind of redirect the insurance industry that these are the things that they should be paying for?

Dr. Joffe?

BRIAN HUNT: Well, can I just comment for a second before that gentleman speaks?

I put my son into the 28-day program, inpatient. He had to stay for another month.

My insurance company did not pay for my son to be in treatment.

SENATOR SAVINO: At all?

BRIAN HUNT: At all.

And I'm -- and I'm glad you asked me that question. You know why?

Because they told me that my son did not go into an outpatient program.

But I put my son into a private outpatient program, where he got personalized care in a personalized group, that I paid for, that I did not go through my insurance company for.

And they told me that, outpatient, before my son could go into inpatient, and it cost me $10,000 a month for treatment, they said to me: Outpatient has to fail.

And I said: What does that mean? Go ahead, tell me what that means.

She said: Well, it means it doesn't work.

And I said: Go ahead, tell me what "doesn't work" means?

My son has to do drugs again. Right? He has to relapse.

What if my son dies?

We're trying to follow the program, and I have to subject my son to something like that?

My wife sat in this place, originally, when we went there, and my wife feared for her life while she was sitting there.

And my wife said: This is my baby. I can't put my baby in here.

People are walking around, and they're saying: Come on, you have to be piss test.

And the kid says: No, I can't. I did my shit today. I'll do it tomorrow.

My wife's not going put my son in a place like that. So we paid privately.

Didn't matter.

My son had to fail at outpatient relapse, take drugs, possibly die, and then the insurance company said: You know what? We'll pay for you.

But ultimately what happens is, when my son relapsed, at the end of the day, make no mistake about it, it cost $30,000 to put my son in the ground, but my insurance company wouldn't pay shit to get my son the help that he needed.

And that's amazing.

I know there's people out here, and I've spoken to them. They struggle because, you know what? They don't have the money, or the coverage.

There has to be a way to get these people, get the coverage, and get the expenses taken care of, so you can get the help that you need for your children.

I know I would pay anything. I would give my life for my child. I would love to change places with my son right now.

I can't.

But we have to do something with the health industry, to get people like that help.

This young lady here, and that young lady, I know -- we know each other, we've spoken before, and they're suffering.

And it all comes down to dollars and cents.

AUDIENCE MEMBER: [Speaking without a microphone.] It's cost us $60,000 so far. My

husband [inaudible] electrical union. And we're still paying for my daughter's. She's in halfway program right now.

But if we didn't have it, you know, we're struggling, financially, to pay for my daughter's.

The union offered us a 28-day program.

My daughter didn't even want to go to an outpatient. We knew 28 days was not long enough.

So we sent my daughter to a private facility in Florida, and it cost us $60,000 out of our pocket. And we can't get any insurance for it.

So it is very unfortunate for people that don't have the insurance.

And we love our daughter. We couldn't put any dollar amount on it. And my husband took his pension, that's how we -- that's how we're paying for my daughter's care right now, because we love her and we don't want to lose her.

And Staten Island's very bad here.

Thank you.

SENATOR BOYLE: Thank you very much. And you are not alone in that. We've heard stories.

Dr. Joffe, you wanted to say something?

DR. RUSSELL JOFFE: We have a 24-bed unit at Seguine on Seguine Avenue, with an average stay of

28 days. We can't keep people there.

I think we're one of the last inpatient units.

Most people now have to be treated as outpatients because there's -- simply, insurance will not generally approve stays beyond five days.

SENATOR BOYLE: One of the things we're seeing --

Excuse me, Senator.

SENATOR SAVINO: Uh-huh.

CANDACE CRUPI: Can I say something?

SENATOR BOYLE: One second.

One of things we're seeing is, there's obviously legislation there regarding insurance.

And what we've heard at different forums is the fact that, several different insurance companies, you talk to ten different insurance companies, you get ten different definitions of "medical necessity" of what should be covered under your insurance plan.

And with -- this Task Force is looking seriously at trying to have a unified definition of "medical necessity," in terms of coverage, so everyone knows exactly what they're going to get and what they won't get, so they can choose -- you can

choose your insurance company, and what to -- to see what kind of treatment will be covered.

Mrs. Crupi.

UNKNOWN SPEAKER: You want to hear from -- he's been waiting.

CANDACE CRUPI: I have a question for the doctor. I think it's Dr. Russell; right?

DR. RUSSELL JOFFE: Joffe.

CANDACE CRUPI: I went to the rehab. You can't get in if you're on opioids. You can -- they'll only take you with the detox. They only take you if you are on alcohol or Xanax.

Now, why is that?

If you're on opioids they don't care.

DR. RUSSELL JOFFE: Because most of opioid addict -- opioid detox is increasingly becoming an outpatient procedure because, although it's extremely unpleasant and difficult, it is not life-threatening.

Alcohol and benzodiazepine withdrawal is life-threatening. You can die from it.

And so, increasingly, the practice in this country, in this state, is to do that as an outpatient. And the insurance companies have followed suit.

It's very hard to get insurance approval because opioid addiction can -- detox, I'm sorry can, be done as an outpatient.

CANDACE CRUPI: But they can die of an overdose.

DR. RUSSELL JOFFE: And remember, the detox is a very, very -- detox is a very brief --

BARRY CRUPI: Kids can't go till after detox.

DR. RUSSELL JOFFE: What's that?

BARRY CRUPI: If they wanted to go to Seguine Avenue to detox, you won't accept them if they're on heroin or if they're on Oxycontin.

DR. RUSSELL JOFFE: It's not -- there's no blanket policy --

BARRY CRUPI: The only way they're able to get in is if they drink before they go there.

I mean, that's what they wind up doing.

CANDACE CRUPI: They have to have alcohol in their system.

SENATOR BOYLE: Excuse me.

Sir, okay?

AUDIENCE MEMBER: I just wanted to say, my son has an addiction problem, and he's away now.

And I had to call my wife to see if I could speak first, because there's people I here I know.

So that goes with the embarrassment issue.

But, he's in a program now called "Dynamite Youth Center." It's in Brooklyn.

And, I was told about this by a colleague of mine a while ago, but I couldn't bring -- I couldn't see having to put my son away for a year. You know, I figured that's like a jail sentence.

But, it's been a progressively difficult problem with him since he's 16. Basically, the same thing: alcohol.

He was in St. Peter's High School.

He went to the -- we put him in the Army Reserves, the National Guard...everything eventually failed, and he wound up recently overdosing.

Fortunately, I was home that night.

He came home 1:00 in the morning, because I gave him a 1:00 curfew.

He came home, he said he was at his girlfriend's house. I checked him, I looked in his face, he looked good.

He went in his room.

I sleep in the family room. I don't even sleep with my wife, because I have to keep an eye on him; make sure that he don't climb out to window,

make sure somebody don't come in the window.

But, anyway, I heard a grown about a half hour later, about 1:30 in the morning, and then a thud.

So I got up.

You know, usually I'll hear something and I'll say, Ah, to hell with it.

But this -- this night, I went in, and there he is on the floor, in his sweat pants, and that's it. And he's not breathing. Totally unresponsive. I'm slapping his face, trying to bring him to.

He won't come to.

So, you know, I'm an emergency responder, so my training, finally, after 57 years of life, kicked in. And you say you'll always use it when it's your family member, which happened that night.

So I gave him the breath and the chest compressions, and revived him. And then the police came.

And he went out of second time. They had to resume chest compressions.

Make a long story short, we went over to the South Shore Staten Island University Hospital. I was in there all night with him, and then they released him in the morning.

Now, this was after I already had him in -- I had until a detox -- I tried to get him into detox, Bayley Seton Hospital.

"He doesn't have a serious enough problem."

I said: What do you mean? Who -- who puts the definition of what the problem is? I live with him. I know he's got a serious enough problem. You don't even know him. You're a physician's assistant. Let me talk to the doctor in charge.

They put him on Suboxone for a week. I had keep him locked up in my house for a week, to try the Suboxone. That didn't work.

I wound up taking him now to Staten Island again, and they said they had no beds.

So I -- you know, I didn't want to bring him home again. I don't want to bring mim back into the neighborhood.

So I wound up taking to him to a place in Jersey. We got him admitted that same day. It was like the difference between night and day.

The epicenter of the epidemic is Staten Island; and, yet, you don't get the response that you would think would be appropriate with the epidemic epicenter being here.

[Applause.]

AUDIENCE MEMBER: You have to go someplace else to get the response that you need.

And now he's in -- he's in the detox for seven days, maybe, in Jersey. And, we bring him some clean clothes one afternoon, and he's gone.

I said: What do you mean he's gone?

"Well, he was fraternizing with a girl, so we asked them both to leave."

"Well, where are they?"

"I don't know where they are."

So I had to call the Jersey police, put a missing person's report out for him. And, eventually, tracked him down. He was at the girl's grandmother's house.

And I took him right up to the mountains of Pennsylvania for rehab.

And, he got thrown out of rehab for fighting with somebody in the rehab up there.

And, you know, ultimately, it wound up to where he was, basically, dead.

And now, when I'm in Staten Island University Hospital South Shore, after that whole night, they're sending him home.

I said: But how are you going to send him home?

"Well, we only treat alcohol here. We have an affiliate across the street. You can bring him tomorrow morning to the affiliate."

Now, I don't want to bring him tomorrow morning. I don't want him back home. He needs to be locked up.

You know, he needs -- in that type of state -- and that's the other issue is, the age.

Well, he's of -- you know, "We can't tell you anything where he is. He's of the age, where, you know, he can do what he wants to do when he wants to do it, and that's it."

So the problem is -- and the other thing is, too, with the insurance, I had the same problem with the insurance company, where they were telling me -- I said: I need to have him put in at least for 28 days. He needs help. He's got to be someplace and be helped for 28 day, at least.

That's what's in my head.

"That's not the way it is anymore, sir. We do it every seven days, we re-evaluate them. And if it's medically -- if it's deemed that he no longer medically needs that type of service, he's released."

Dynamite Youth Center in Brooklyn, they took

my son at 23. They say 23 is the cutoff.

But, he goes away for a year.

"He's upstate now. You can't have contact with him for six months. When he earns the right to his behavior, he'll be allowed to call you at home."

And, eventually, they let him come home -- after the second six months, he could come home on the weekends, if he deserves it.

He requests it, we have to agree to it, and then they'll let him come back, supervised, where somebody else from the program has to come and stay in my house with him.

And then in the second year, he's doing outpatient, going to and from Brooklyn. He's not allowed to work. He's not allowed to do anything but recover.

And, eventually, you know, if everything goes according to plan, he can resume his life; go back to school, get a job.

But that's what people need, something like that.

I mean, and I -- I feel so bad, because he almost died, and I didn't want to put him in, away for a year, when my friend told me about it.

My friend told me, "My son went there. They

sent him away for a year."

You know, I didn't think I had to go to that extreme. But you do.

And it almost cost him his life.

So, you know, like I say, if some -- if this is the epicenter of the problem, we need to have the resources here to help people.

[Applause.]

SENATOR SAVINO: I certainly hope that your son is successful this time.

Again, in listening to the personal stories, you just reinforce what those in the profession know: That you can't make someone get sober that doesn't want to.

You can take them to rehab every week. If they're not willing to participate, they're going to relapse and relapse and relapse.

The challenge for people like us, and the service providers and law enforcement, is to help develop public policies to support families who are going through this. Make sure the resources are there. Make sure that the treatment programs match it.

But in the end, we need cooperation from the addicts, and that's the hardest part. And I wish we

could legislate that.

UNKNOWN SPEAKER: Can I say something?

AUDIENCE MEMBER: [No microphone used/inaudible.]

SENATOR BOYLE: If I could, that is actually the other issue I was going speak to, is mandated treatment.

Now, the fact is, in New York State, we don't even have mandated treatment for minors, forget about people of age.

And I think that that is one of the areas of legislation we're looking at, we've heard about.

And we hear stories of kids, 15, 16 years old, they walked out of treatment and the treatment provider said: Oh, we can't stop them.

Well, you should -- you have to be able to stop them, as parents, to mandate treatment.

For those above age, obviously, we have Kendra's Law, mandating medicines for those in psychiatric -- with psychiatric problems who are a danger to themselves and others.

Well, we may have to look at something like that for addiction services, as well.

AUDIENCE MEMBER: [No microphone used/inaudible.]

[Multiple audience members speaking at the same time.]

SENATOR BOYLE: I understand.

We have some cards. If you have something that you'd like to say, please, our staff person, right over here, will give you a card, and we can ask questions.

I'd just like to turn it over, quickly, unless my colleagues have something else on this issue, to the law-enforcement aspect of things.

SENATOR LANZA: And can I just, sort of, a little more than midway through here, I just want to -- I just would like to make a comment.

First of all, I think this is very helpful.

And we're here to learn from each other, and really get a better picture of the problem.

You know, there are two components here:

There's, first, what do we do to stop this from happening to begin with?

And we want to see whether or not, legislatively, or otherwise, we can make a run at making these drugs less available, changing behavior, more education.

And then, in terms of those who have become victims of addiction, we want to know -- see what

more we can do about this.

And I want to say this, and I know this is very emotional for all of us:

I'm the parent of three young children here on Staten Island.

And as I went through the research for I-STOP, together with Assemblyman Cusick, I can't tell you, every night, I just -- I couldn't sleep. I was horrified.

And, I'm still in a state of continued fear, knowing what's happening out there in our schools and backyards and at parties, all across Staten Island, and all across the state.

And it's not just Staten Island. It's a national epidemic.

But I want to say this:

No one has that one magic solution; no one in the audience, no one at this panel.

Because if someone did, we wouldn't be here today.

But the reason we're here, is because everyone you see on this panel is a piece, a potential part, of the solution.

And everyone here on the panel has a certain expertise.

And everyone here, more importantly, on this panel, wants to help, and that's why they're giving their time here.

And that's what this is all about.

And the same from those in the audience.

So this is good, I think, because we're here to learn from each other. But this is not about -- in my opinion, this is not about saying who is not doing something, or who -- because people have different roles.

And there is not -- this is going to take all of us, truly, to come together, and come up with a comprehensive solution so that we can make inroads to this very devastating problem.

AUDIENCE MEMBER: [No microphone used.] I just have one question [inaudible].

I would like to know, what is in place, what role do you guys play, that is going to [inaudible] at the source, rather than wait until there's a problem?

You know, these people are trying desperately to get help.

What are you guys doing in front of that, to stop it?

Because these kids are finding it so easily

available. And I'm finding it really hard to believe that nobody is interceding before it gets to them.

ASST. CHIEF EDWARD DELATORRE: Okay, from the NYPD, let me just start with where the problem appears to have surfaced out here on Staten Island.

We first noticed a dramatic increase in arrests for pills in 2011.

If you look at 2010, going up to last year, the arrests we made for people with pills increased more than tenfold.

The heroin, although a lot of people like to think that the pills are dropping off and the heroin is increasing, I know from our narcotics investigations, that is supported, to some degree.

But, overall, when we look at our overall arrests here on Staten Island, the heroin arrests really started to explode last year.

We saw, it doubled in 2012.

But in 2013, we saw a dramatic increase.

And we're watching that trend go into 2014.

So going into 2014, we're seeing a lot more heroin out there, as well.

But, I can't tell you that we're seeing a big drop-off in the pills.

We know it's not as readily available.

We know that the I-STOP, I believe we call it, program, has really had an impact on our pharmacies. Our major cases, you know, we don't have as many of them as we did before.

But we have two problems now: We have the pills and we have heroin, and they're both big problems.

So now I'm going to work back into what we're doing about it.

So one of things I know you heard mentioned, is that we're using the naloxone now.

The naloxone is a spray that, pretty much, puts on hold the effects of the overdose. It doesn't stop it. It just puts it on hold for a short period of time so we can get the person to the hospital.

We did pilot it, starting this year, in the 120 Precinct, which basically services the North Shore Area.

And in two months' time, we had three saves that were, what I would call "bona fide saves," where the subject or the patient actually stopped breathing. And the officers were there in time, administered the spray. In most cases, it had to

administer it twice. But, it snapped the person back, they became coherent. We got them to the hospital, and they were saved.

We had another incident where we did use it, but the person was not suffering from an overdose. It was something else, apparently. But even in that case, it seemed to make them a little more alert.

But in all four cases, nobody died on us, so we did get them medical treatment.

So, right now, we're in the process of training all the officers on Staten Island, all the uniformed officers that respond, and the narcotics officers that deal with the narcotics, you know, narcotics enforcement directly.

I would suggest that -- and, again, I got to say this before I go any further:

To the Hunt family, to the Crupi family, I can't imagine the pain you're living with now.

I'm a father of five.

Right now, I worry about my four-year-old running into the street. And we live with these fears all the time.

I'm not at the point -- my kids are all in grammar school. I'm not at the where I have to worry about drugs.

But I can see that that worry has to continue through those years, and you have to look for the signs.

And I'm learning this here.

You know, I'm taking off my chief hat and putting on my father hat here, and I can see the fear that I'm going be living with as my kids become teenagers.

And to those of you who are living with it actively now, you know, I wish I had some answer.

I do know that other people that are very close to me have dealt with it in that very extreme way. They've taken large pension loans, and shipped their children out of state, got them into in-house treatment for up to a year, then halfway for another year. Then let the kids come back to New York for two to three years.

And when they did come back to New York, their environment had changed, and they have had some success in those areas, from what I've seen.

PATRICK TREVOR [ph.]: Hello, I'm --

UNKNOWN SPEAKER: [No microphone used/inaudible.]

ASST. CHIEF EDWARD DELATORRE: I'm still working on it. I am working on it.

UNKNOWN SPEAKER: [No microphone used/inaudible.]

PATRICK TREVOR [ph.]: -- my name is Patrick Trevor [ph.]. I'm 21 years old. And, I just want to mention that I have 18 months clean right now.

[Applause.]

PATRICK TREVOR [ph.]: I also would like to say that it is Suboxone-free, it is methadone-free.

UNKNOWN SPEAKER: Good for you.

PATRICK TREVOR [ph.]: And I know -- I know --

Thank you.

[Applause.]

PATRICK TREVOR [ph.]: Yes, I understand that that is an option, and that may have worked for you. But I also know 125 other people, that are my friends, between the ages of 17 and 25, that are also doing it.

And I hear so much about the negative here today, and I wanted to mention a little bit of the positive.

I'm a member of Dynamite. It is also known as "Dynamic Youth Community."

I also have gone to 17 different programs,

and had to battle with the insurance companies.

And, in the beginning, I can honestly say I didn't want it. But at the point when I did want to achieve sobriety, the insurance companies wouldn't help me do it.

I would be recommended by a medical official to go to, say, a three-month program, and the insurance would pay for two weeks.

Then I would only go for two weeks.

And I never got a fighting chance, until I found Dynamic Youth Community, which I can honestly say, for me, a severe heroin addict, was the best option, and that it is possible.

And I want to give all of the parents here hope about how possible it is, because I am -- I'm it. I'm here with friends that are it.

And I feel your pain, and I agree with you, I have to say: That there are other options of how to do it. There's so many different things.

Me, I was first introduced to the pills, I was a lacrosse player, and I shattered my thumb, and the doctor prescribed me Roxicodone.

Didn't tell me how addictive it was.

What he said was, "You got the good stuff."

So that just shows me, almost, how the doctor

wasn't even educated on it.

That's 100 percent true. It's amazing that he would say that.

After that, a friend showed me: Oh, you can sniff these, you can get high.

I enjoyed the feeling. I thought, Oh, this can't take a hold of me.

By the time I couldn't afford it, I started doing heroin, to the point where I was shooting heroin; where I had lost everything; where I had gone to jail; where I had stolen from my family.

And then I found Dynamite.

It brings -- it makes me emotional thinking about how much they have actually helped me.

And how I can't stress how there is other options, and how funding these programs is what keeps me alive, and what keeps all these other children or young adults, living healthy, productive lives.

Dynamite isn't just a rehabilitation program. It also taught me how to hold a job, how to be responsible, how to be a caring person.

AUDIENCE MEMBER: [No microphone used/inaudible.]

PATRICK TREVOR [ph.]: What?

AUDIENCE MEMBER: How to speak properly.

PATRICK TREVOR [ph.]: How to speak properly, yes, they did teach me that, I've got to say.

How to present myself.

They taught me all of these life lessons that I actually didn't learn in the 38 programs.

Sure, I learned about the addiction. And I'm sure, yes, people do understand it, and they do get it.

But I learned everything else that comes with life. "Everything."

Now I know how to look back at my feelings, and how to figure out why I wanted to get high. And, now, how positive a future I have.

And, right now, I'm actually going to bring up another friend of mine, Michael, who actually was -- he is one of my peers, and he's doing the exact same thing as me.

[Applause.]

MIKE FLYNN: My name is Mike Flynn. I'm from the south shore of Staten Island. I grew up in Connorville.

I want to speak on behalf of, even the detox at the Staten Island University Hospital.

I was not admitted there after having a

horrible heroin addiction. "Horrible."

All right?

I overdosed, I think, couple of hours prior to trying to go there with my mother. They would not accept me.

I was told to, basically, go out, drink, or get loaded up on Xanax, so I would test positive, so they would take me in.

All right?

So that's what I had to do.

My mother stayed with me in a car in the parking lot, and telling me to "do whatever you have to do to get yourself in there."

On behalf of, like, 28-day programs, I worked for the City at one point and I was sent to 28-day programs that are accessible to the cops, firemen, all that other stuff.

After --

BRIAN HUNT: Was that the Villa?

MIKE FLYNN: -- Malworth [ph.], they call it "The Farm." Maybe the cops know it up there. But -- so I go there. I was there multiple times within a 6-month period, basically, after I started IV'ing drugs.

By the second time I was there, they told me

that there is no possible way that they could help me. They discharged me after two weeks.

They told me that I had an anxiety disorder and depression, and that I needed to, basically, leave, and go seek medication and therapy outside of, you know, what they could do for me.

This was supposed to be, you know, one of the top rehabilitation centers probably on the east coast, and this is what was told to me.

So, that's what I did.

Shortly after that, lost my job. Started getting arrested for the first time in my life, and wound up in jail, Rikers Island.

Never thought I would be there. And I come from very blue-collar, working-class family. And that was never in the cards.

And, that's what happened.

After being there for a month, I was given an option by the courts to go to, you know, a program or take a prison sentence.

All I knew was that -- I really had no hope at that point, but all I knew was that, it was either I was going to do something or I was going to die.

I was hopeless. I was down on my knees, you

know. There was times where I just -- I wish that's what it came to me, because that would have easier than what I was doing.

And, I wound up at Dynamite.

And I can say, over and year and half later, life's good again. Working. I got probably 60 pounds heavier than I've ever been, you know. I was, like, my cheeks were sunken in. I was like -- you know.

And, just, life's good again.

But it wasn't because of short-term treatment. It was because I went away to a long-term treatment, that I have all these opportunities that I did now.

When I was 18, I was put on Suboxone, because that was supposed to be the cure.

The doctor told me: Take this, and just go about life. You know, you go to therapy once in a while, everything's going to work out.

Yeah, it worked for like two years, and I achieved a lot. As soon as I went off of it, back to drugs, because I didn't know how to deal with anything. It was a substitution.

There's ways to go about it.

And what she [indicating] had to say today, a

lot of other people, the people that experienced it, they know what they're talking about.

And no offense to anyone up there, but, unless you lived it, you really can't have, you know, the right perspective on the matter.

[Applause.]

BRIAN HUNT: To that gentleman that just spoke, I wish I had the opportunity to continue to experience it. I wish my son was alive so I can work with him in getting clean.

I don't have my son anymore, so I don't -- that's a bad thing for me.

My son went to the Villa Veritas upstate in Kerhonkson, New York. He went for a 28-day program; intense program.

He didn't get it.

They wouldn't let him out. Said you have to go for another 28 days.

He stayed there for two months. He finally got it.

He came out.

You have to go to your meetings.

You had to do 90 meetings in 90 days. That's intense. And you have to work the program. And you have to get a sponsor.

If you don't do that on the 28-day program, it's not going to work at all. You can't do it alone.

You have to go to your programs, you have to go to your meetings. You have to have a sponsor; someone to look after you.

So, God bless you, for you two gentlemen, for doing what you're doing.

Stay strong, and I hope you live a very long, prosperous life.

[Applause.]

BRIAN HUNT: I wanted to -- can I just, one thing, I want to get back to this young lady right here.

UNKNOWN SPEAKER: I'm sorry.

BRIAN HUNT: Yeah, I'm sorry.

SENATOR LANZA: So there was a question to law enforcement.

Let me -- before we go back there, let me remind everyone, as I said before, everyone here is part of the solution, not the entire solution.

With respect to what law enforcement is doing, we're very fortunate here on Staten Island.

I can speak now as a former prosecutor from the Manhattan District Attorney's Office,

I prosecuted hundreds of drug cases.

Law enforcement, they can do two things:

They enforce the laws that we have on the book, criminally.

And you hear, also, as the chief was saying, they're now training themselves to deal with, when they respond as first responders, to save those lives.

But they're not part of treatment. They're not part of the more -- you know, some of the other things we're talking about here.

And I could also tell you their jobs are made more difficult by the mixed signals we in society are sending.

I can't tell you, my work on I-STOP, how many Staten Islanders called my office, to tell me that drugs should be legalized. That this was the wrong approach.

Many Staten Islanders called to say that, and e-mailed, to say they ought to be legalized.

As a prosecutor, I can tell you, how many instances prosecuting drug-sale crimes in Manhattan, when the criminal justice system would treat them as if they were shoplifters.

To me, you sell heroin, you're a murderer.

So it's very difficult, the climate, in which our law enforcement is operating.

But I'll let them tell you what they're doing on Staten Island. And they are being very dynamic in trying to address this growing crime, from their perspective, the crime.

ASST. CHIEF EDWARD DELATORRE: I will.

I will, two seconds.

So what I was saying, then, is now -- so now we move to the prevention side.

So we have a lot of programs. Not treatment, because, he's correct, we don't treat. But there is a treatment component to our enforcement, and I'll get to that in a minute.

On a prevention side, we go after youth, and we have programs. We have what we call the "Youth Police Academy." It's been in New Dorp High School. We're opening up a second one now up on the north shore here, as well, in Curtis High School, where we take in about 130, 140 kids.

We have -- that's the YPA (Youth Police Academy).

We have Law-Enforcement Exploring, which we engage teenagers, from ages 14 to 21, in every precinct, including the new 121 now. They have a

program there, as well.

We have a Law-Enforcement Exploring Academy, where we take kids away for a three-week boot camp: two weeks in Fordham University, and a third week up in 10-Mile River Campground.

And during this entire time, they're being mentored and trained by NYPD, DEA, Customs agents, FBI agents. The counselors in these programs are all law-enforcement people.

So we're engaging youth at a younger age, trying to help mentor, trying to assist parents in mentoring, and giving them some positive role models outside of what they're seeing on the street.

We have many, many other programs here.

And Lorraine Marin [ph.] from the Community Affairs Bureau is standing on the side of the room.

And anybody who wants more information about it after the meeting, please go over to her.

And if you want your children, your younger children, in the same families affected right now, if you have younger children, I would strongly encourage you to go over and see her, and find out what programs we have for the younger children, too.

I can tell you, for the younger children, I'm sure you're aware, they're suffering by seeing the

older sibling go through this, as well.

Now, I move on to the enforcement aspect.

Captain Dorazio here is going to talk about what we do with the drug dealers.

Because, obviously, these drug dealers are selling, they're affecting the lives of hundreds and hundreds of people. We finally get them, something's got to happen.

But the other part is, for the drug users that we're arresting so many of, as well, on the island, is Dan Donovan and the DA's Office has this court, a drug court.

And I -- Karen is here from the DA's Office, and she'll be able to expand on what the drug court does to kind of force treatment on many people.

Go ahead, Captain.

CAPTAIN DOMINICK DORAZIO: Thank you all for inviting me today. I appreciate it.

What I wanted to say to you is, obviously -- well, let me start by saying:

I'm not positive I can offer you the answer that you want, because a lot of what we do, you know, cannot be discussed in an open forum. You know, this is not appropriate time to discuss that.

However, speaking specifically of my unit,

and the problem that we've discussed here today, and Dr. Messina accurately described how this problem has affected -- you know, this problem that we're talking about today with regards to narcotics, has affected, primarily, the south shore and middle island.

Typically, you know, what I could say is that, the way we allocate our resources, we are much more dedicated to tackling the problem in that area.

Typically, narcotics, when we prioritize the allocation of our resources, it is -- we tend to prioritize the areas that are prone to violence.

And while this is a public-health crisis, the violence associated, it has not been associated with pill trade, and even heroin, on the south shore.

However, our union has recognized the public-health emergency, and we have shifted our focus, where, without ignoring the areas of Staten Island that are prone to violence, we're able to enforce, you know, more aggressively in the areas that are, you know, being affected by this and may not be as prone to violence.

The south shore, you know, the Princess Bay area, you know, even middle island and the south beach area, these -- you know, which really

isn't the south shore, but, you know, these areas that are primarily affected by this.

What my unit does, obviously, we are a very proactive unit. We conduct daily enforcement. We're out there, you know, seven days a week.

And a lot of what we do is responding to the complaints that you all make. Sometimes anonymously, sometimes in writing, sometimes, you know, however you make -- you know, direct to the precinct, you know, we respond directly.

Now, when you make these complaints, you may expect instant gratification.

But the way my unit works, that instant gratification not possible.

In order to build a strong case, and the DA's Office could attest to this, you know, we can't just go out there and say, you know: There's the problem, make the arrests, and the problem's solved.

We have to build a case, so, we do more intense investigations.

We don't just -- you know, we do daily buy-and-bust enforcement, also.

But, you know, the bulk of what we do, and we try and do, is try to infiltrate these individuals and these groups that are selling the stuff, and,

you know, bring them to justice, so to speak.

But, it doesn't take -- it doesn't take, you know, a day. Sometimes it could take weeks, sometimes it could take, you know, more, to develop the information that we need to get to where we want to get.

I will say this:

My unit has -- you know, we talked about the I-STOP program. I'm just comparing this year to last year.

In 2013, compared to 2014, we have seen a precipitous drop in the amount of pills that are out there.

You know, 44 percent, obviously, that hasn't translated across the borough. Chief Delatorre's, you know, information is 100 percent accurate.

But in my unit, we've seen a precipitous drop in the amount of pills.

Unfortunately, that drop has been commensurate with the increase in heroin.

So, where we see a 46 percent drop in pill seizures, we're seeing a 44 percent increase in heroin seizures, from -- you know, from last year to this year.

And when you go back two years, I mean, it's

like almost 100 percent, the increase in heroin that we're seeing.

So, we're effective out there. We're getting the heroin that we can, we're getting the pills that we can.

And just to speak to that I-STOP program, personally, how I feel about it:

You say, Well, if that I-STOP program is working, why are we seeing so much heroin?

Well, I would say this: I would say that those probably aren't new users.

That -- that the amount of pills that were available between 2009 and now, you know, you may have created a whole generation of new users.

Now, to see the effectiveness of I-STOP, I think you'll see that in the years to come, where these kids -- and he spoke to it, and the young men back there spoke to it, I don't think these kids are going to make the jump to heroin without the pills.

So as the I-STOP program takes effect, so to speak, and the pills start drying up, the next generation, so to speak, you know, won't have that same problem.

That's my own personal opinion on the effectiveness. I think it's great program. And it

is working. I mean, we have seen a tremendous decrease.

I hope I offered you some kind of an answer there, you know, and -- you know, did the best I could there.

Thank you.

SENATOR BOYLE: Thank you very much, Captain.

I'd just like follow up, along those lines, with the District Attorney's representative, Karen.

Around the different parts of the state, it seems that we're getting different answers from different prosecutors' offices.

Are the laws strong enough now?

When you get a case from the law enforcement, and you have someone dealing with 50 bags, 100 bags, 200 bags, do you say: Okay, we can give him a felony as a drug dealer?

Now, obviously, we make the dichotomy between those people who are selling because of their addiction themselves, to get their own drugs, or, those purely dealing drugs.

How do you feel about the current laws?

KAREN VARRIALE: The current laws, as they state, have actually reduced the mandatory state prison sentence for even second-time felony

offenders.

So the -- what used to happen in the early days before the Drug Law Reform Act, was that, if you were facing a second felony offense:

You had to go to state prison;

Or, you could go into our "drug-treatment alternatives to prison" program: Do 18 months inpatient, 6 months outpatient, followed by a misdemeanor, to avoid your state-prison sentence.

Now you don't have to do that.

Our numbers in that program decreased so much once they -- when the law was changed.

That being said, we have also created the Staten Island Treatment Court for first-time felony offenders; Staten Island Treatment Court for misdemeanor offenders. Also, they're outpatient, mostly, programs.

But if there's a failure, the Court will either sentence, a punishment, some jail, back to treatment. And it changes.

We've also created -- our office has created a program called "Drug Cap," which is for first-time, usually, pill offenders; where, you have to go to a panel similar to this, some law enforcement, recovery, those grieving a loss, and

listen to the stories of where you could end up. It's that future look.

And that's -- will let you get off without a criminal record so you can still stay with a clean slate.

But it's not only for drug users -- drug offenses. We offer these programs to anyone who has the addiction, if you qualify.

If you're burglarizing, you know, a commercial establishment because you need to feed your addiction, you can still qualify.

The only people who generally don't qualify are violent offenders.

But back to the generation change in I-STOP, because, now, we are seeing the heroin, which is unfortunate, it makes my life a little easier. I don't have to battle the "I have a prescription" defense.

You have heroin, it's automatically unlawful and it's much easier to prosecute.

But, I'll tell you, the judges, as well, and we as a prosecutor's office, would rather treat the offender than punishment them, because if you are truly an addict, you're not going to be any better after six months in prison or jail. You need to

face that problem and deal with it.

So our programs are the first place we go.

And we work hand-in-hand with Captain Dorazio's unit for those complaints that I get. I could make a phone call, and he's on it the next day.

So we are doing as much as we can at the front of enforcement, as well, in our investigations. We work with them from the beginning. We target the areas, and we work every day with the investigators.

So that's what we're doing.

SENATOR BOYLE: Thank you very much.

And one final area in law enforcement, Special Agent Hunt, on Long Island we see the heroin coming up from the cartels and out to Long Island.

Is it a similar situation here on Staten Island? Or do you know, where the big drugs are coming from, the big numbers?

JAMES J. HUNT: Yeah, I think it's important to note that New York is, and always has been, a hub for heroin distribution in the United States.

20 percent of all DEA seizures of heroin are here in New York.

What is -- what's been happening in the last

seven or eight years, that's changed the trafficking somewhat is, is the Mexican crime groups are flooding New York with heroin.

In all cities.

The gentleman talked about Vermont before.

It's all over the city. We're -- we seized 70 kilos of heroin since January 1st here in New York. That's an ungodly amount of dope.

It's not putting a dent in them. They just have more cars, more trucks, crossing the border.

What we get, we get.

What they get through, hits the streets.

They're trying to create a bigger market for heroin.

These stories are sad.

I'm sitting here -- what people are going to understand, you're not going to arrest yourself out of this problem.

If you're a major drug trafficker here in the United States, local and federal law enforcement are very, very effective in catching you. The federal and state prisons are filled with bad top-echelon dope dealers.

You've got a short shelf life: You're going to go to jail, or get killed.

The problem is, there's always going to be some young punk underneath there that's willing to take a shot.

So, as law enforcement, we sympathize, empathize with parents who have gone through this.

There's no lower life than someone who would sell poison to people.

And, law enforcement is doing what we're supposed to do: we're locking up those bad guys.

But we're not going be able to save kids.

Parents, prevention, have to do that. These kids got to be scared to death to even try it in the first time.

These crime groups, as sophisticated as they are, we're catching them.

"Chapo" Guzman, number one guy in the world, wanted; DEA caught him.

So, they are getting caught, but, unfortunately, right now, with the Mexican border proximity to the United States, how porous it is, they're flooding the market.

So parents, be beware.

The full intent is to get people hooked.

It's cheap. They're making it themselves now. There's labs in Mexico now, where they used to

get all the time from the South Americans, Columbians. They're actually going the poppy in Mexico. They can convert it there in Mexico.

So, they're selling kilos of heroin for $50,000.

30 years ago, when organized crime was controlling it, it was $200,000 a kilo.

And it's more pure.

So that's what you're dealing with.

We are catching the bad guys, we're doing everything we can, but, we're not going be able to arrest ourselves out of this problem.

ASST. CHIEF EDWARD DELATORRE: You know, if I can add just one comment?

I think early intervention, obviously, is probably the best weapon a parent would have.

But, unfortunately, we put all our efforts into raising these kids, and the last thing we want to believe is that something's wrong.

And, we get it all the time.

I get calls from people: Chief, you know, my kid's a good kid. They arrested my kid. The cops are wrong. He was just holding it for his friend. His friend gave it to him.

You know, I get it all the time.

People on drugs don't always tell the truth.

And the parents have to understand, whether your son or daughter had the drugs and admitted it, or was holding it for someone and admitted it, if they're in that environment with other kids -- and I heard this said already -- if they're in that environment, with other kids that had drugs, you have a problem. And you better get on it quick.

SENATOR BOYLE: Thank you very much.

SENATOR LANZA: A comment, and then questions from the audience that I have here.

We've talked about the I-STOP a number of times here, and there's this notion that I think is floating out there.

I don't want the information to be misinterpreted.

So there's this notion that because I-STOP is going to dry up the supply of access -- illicit access to prescription pills, that, somehow, that is why people are -- you know, we see heroin addiction on the increase.

That's partially true, but not for the reasons why people are saying.

Long before I-STOP came into being and became law, we saw heroin use increase exponentially every

year.

And what we learned, and if you listened to the stories of the young people out there, and what you've heard, and I quoted the statistic before, over 80 percent of the people who try heroin for the first time were already addicted on prescription drugs. "Over 80 percent."

So what we learned with this insidious epidemic of prescription drugs is that, where there's a certain barrier to entry with heroin, there are many folks who would never try heroin, because you have to go to a certain, behind some building, and deal with a drug dealer on the street.

You would never do it.

We see by the thousands, young people are, though, willing to try a pill, because it's happening.

It's given to them by a friend. It's in your medicine cabinet. It was prescribed by a doctor. It has a nice label on it. We live in a society where we think all the solutions are in that bottle.

And, so, that is why so many people, young people, say: Why not? It's safe, I'll do it.

That is the gateway to the heroin, and that's why we see the heroin explosion.

So our hope, my point here is, with I-STOP drying up that supply, that we'll see fewer people getting involved in the gateway to that -- to the heroin epidemic.

There are a couple of questions, I'm going to put them together.

The basic theme here, to law enforcement, is:

People are citing their own experiences, whether it's at a train station or on the corner, they see all the signs of the drug trade on the street.

They know you're doing a good job.

I can tell you, they're doing an incredible job.

Their question, though, is a question I have as well: Do you have enough resources here on Staten Island, in law enforcement, to tackle the problem that we have on the streets?

UNKNOWN SPEAKER: Should we all say "no" at the same time?

CAPTAIN DOMINICK DORAZIO: I mean, with the state of the department as it is right now, I believe that we do have enough resources. I mean, we are able to handle our workload, you know, pretty effectively.

Obviously, you know, more personnel is welcome.

I mean -- and I think that goes for the -- I'm sure the Chief could attest to that, as far as the patrol borough goes, as far as the narcotics borough goes.

Yes, obviously, more personnel would make us more effective, but I do think that we are able to handle our workload with our current personnel.

SENATOR LANZA: There's a question from Fern.

Fern, why don't you -- Fern, why don't you -- let's hear from you, instead of me reading this.

Introduce yourself, tell everyone who you are.

FERN ZAGOR: Can I take back my card? Because I forgot what I wrote.

[Laughter.]

FERN ZAGOR: Thank you for this opportunity.

I'm Fern Zagor. I'm the president and CEO of the Staten Island Mental Health Society.

I'm also one of the co-founders of the Tackling Youth Substance Abuse Initiative, and very proud of the work that we do.

Staten Island Mental Health has a licensed substance-abuse program, and we treat youth through

our teen center, about 200 substance-abusing youth, and their families, every year.

But what we've learned is that, youth beginning to experiment with alcohol and drugs, they don't come to us, and they're not going to come us, no matter how often they're referred to us.

They don't seek our help.

They need help on their own turf in their own communities.

Current regulations don't allow this.

We can only provide early-intervention programs and treatment services at licensed locations. Makes it very difficult.

We know that if we reach out to the kids in their community, we have a chance of engaging them early on in their youth -- in their use, and perhaps preventing them from increasing and becoming addicts.

Licensing doesn't allow it, regulations don't allow it, funding doesn't allow that.

Prevention services are usually group-education approaches offered primarily in school settings. This has limited, if any, effect on youth in the community who are already using or on the road to abuse. They kind of laugh it off.

You know, they're hearing things in the school.

It affects kids.

You know, there are kids that they're going to grab early on, and they may learn, and that will prevent them from using, and they're learning those coping skills.

But those kids who are already experimenting, that doesn't touch them.

So, again, we need those early-intervention approaches that engage kids, one-on-one, in small groups, in their community.

The regulations have to allow that, the funding has to allow that.

We've done some of that work with private-foundation money, and we know that it can work at least for some.

Now, the public, the State, needs to be able to follow suit and provide us with those kind of prevention dollars.

Thank you.

[Applause.]

SENATOR LANZA: Michael, over here.

Thanks, Fern.

CAROL: [Speaking without microphone.]

My name is Carol. I'm a recovering

alcoholic, and I'm a teacher.

SENATOR BOYLE: Can you just -- it's for the recording that we need the microphone.

CAROL: Oh, okay.

SENATOR BOYLE: Thank you.

CAROL: And I was admonished for discussing drug prevention in an eighth-grade class.

Talking to the kids about senioritis, and, how, when they would leave -- you know, when you come to school as kindergarten, you're adorable. You're the bottom, everybody thinks you're so cute.

You get to fifth grade, you're the top banana.

You go to junior high, you get squished like a bug again.

You go to the eighth grade, you're the top banana again.

Then you go to high school, you're squished like a bug.

My daughter found pot at IS-75, which I doubled my rent to get her to IS-75.

Pot was the gateway drug for her.

Xanax, she got at Tottenville High School.

So it was the best schools. It didn't matter which shore: south shore or north shore.

And, I took her to Dynamite on Coney Island, and I knew they will wouldn't take her. They told her she wasn't enough of an addict because she didn't use heroin or cocaine.

And, I have to tell you, treatment court helped, and TASK helped.

And I don't know, is TASK still here?

Because --

[Multiple people say "Yes."]

CAROL: Okay.

Because I was very involved with them.

It took her three years to graduate from treatment court. Three years for a one-year program.

She went upstate, she went to Daytop, Forest Avenue. All of it, it didn't mean anything.

She loves pot.

Thank God, no pills. Scared the hell out of her, but she thinks pot is the be-all, end-all.

And so does Cuomo.

I mean, we're hearing about legalizing it.

[Laughter.]

CAROL: You know, I was a certified drug counselor before I was a teacher. State certified. I was a SPARK counselor for 8 years at

Lincoln High School. So I know all about this stuff.

And I have 38 years sober.

[Applause.]

CAROL: My daughter grew up in a 12-step household. It didn't matter.

What mattered is what happened in school.

Not what happened in my drug cabinet, in this drug cabinet, in the neighbor.

It was what was at school.

You want to feel better, at Tottenville, there's a corner that they call the "90-Degree Angle." Right across the street, and they smoke dope.

And it was called "dope" in my day. Pot was call "dope" because it made you dopey; because it killed your brain cells.

And these kids, when they see it legalized on TV, and they see these people, look what they look like. "Oh, yeah man, it's now legal."

They look like a bunch of bums.

You don't see them well-dressed, saying, "Oh, now it's legal."

[Laughter.]

CAROL: What I'm saying is, I was written up.

I'm a sub, I'm an ATR; one of those traveling teachers, at a junior high, as a sub. Didn't have time to do the regular busy work-lesson plan.

Talked to the kids about respect for each other. About, as the world gives to you, that's what you get back. Talked to them about senioritis. About how, if kids fail, they want you to fail. They want to pull you down with, stick with the winners.

And I was admonished for non-professional behavior, at a junior high right here on Staten Island.

So I just -- I just came, and I ran from school as soon as it was out, to get here.

I really appreciate that you're doing this.

You have no idea that I'm a fan of yours, Senator Lanza.

[Laughter.]

[Applause.]

CAROL: Well, I know Susan very well.

I know your sister, and your wife.

[Laughter.]

CAROL: But, truly, prevention is the schools.

[Applause.]

CAROL: All these treatment facilities, they're not going to go unless there's prevention from kindergarten, on up.

You want to talk about getting them ready for college in kindergarten? That's a joke.

Get them ready to be drug-free in kindergarten.

[Applause.]

SENATOR BOYLE: Thank you.

UNKNOWN SPEAKER: I would like to say something.

SENATOR BOYLE: You do bring up a good point.

And all of us in Albany are fans of Senator Lanza, as well.

[Laughter.]

SENATOR BOYLE: And I'm not going tell your daughter that you added her as a pot-smoker in front of all of these law-enforcement officials.

[Laughter.]

SENATOR BOYLE: But you answered a good question about the age. Appropriate age prevention.

And I'll ask the panelists up here: Do -- anybody have an idea of what is age-appropriate?

Yeah, James.

JAMES FIORE, JR.: I would like to speak.

I know that, in my neighborhood, on the south shore, in Annandale, and in many neighborhoods, when we were growing up, there were two things that we would -- well, we never said we would do drugs.

But there's two things that we would never, ever could conceive, and that is cocaine and heroin.

And what -- and I heard a woman ask, What can be done for children at a young age, to prevent this?

Prescription opiates need to be looked at as heroin, as crack, because that's what they are. It is synthetic heroin.

[Applause.]

JAMES FIORE, JR.: Thank you.

And at young ages, these pills need to be put on this same category as these drugs.

Because I know that no kid in my neighborhood, at the age that I took my first Percocet, would take a bag of Coke or a bag of dope.

And, you know, I hate to be so blunt.

And, you know, I want to say one more thing:

You know, regarding Suboxone, it doesn't work for everyone. It worked for me.

And, you know, long-term treatment may work

for some people, and outpatient may work for some people, but there's a saying in recovery, and I'm sure everyone's familiar with it: You can lead a horse to water but you can't make it drink.

You know.

[Applause.]

SENATOR BOYLE: Thank you very much.

Mic over here.

ANN: Hi, my name is Ann.

And, the very first thing I want to say is, I'm extremely grateful for everyone in this room, for all the humanity in this room, your interest in this disease.

Candace, I want to thank you; all the parents; everybody that's sharing their story.

But when I read your son's obituary, it blew me out of the water, because I always wondered if I would have the courage to say that.

Whenever I read those kids that are -- "died at home," I know what it is, and I don't want to be that parent.

I don't know, today I'm not, but I don't know what tomorrow is going to bring.

I thought that was amazing courage, and it's the first step --

[Applause.]

ANN: -- not just all of us to say we have to remove the stigma. But, anybody who says, it's very difficult for me to say, my son is in recovery. Totally, it was not in the script. Just, it was impossible to happen to us, and it did.

And everybody can talk about it, but when you put it in the paper, it was right out there for everyone: This is a fact. This is life. This is what's going on.

I thank you.

Thank you.

CANDACE CRUPI: You're welcome.

If more kids would see it, they'd be afraid, maybe.

ANN: I'm sorry?

CANDACE CRUPI: I said, more kids should see it, maybe they'd be more afraid.

ANN: That was the thing.

When I went to high school, they gave us one tip: Go to heroin, there's no coming back.

And when my son was given Suboxone, he says to me: Do you know that's the same thing they give to people on heroin?

I was, like, What? You don't know this?

He's 29 years old. How did he miss this day in school? I don't know.

But, anyway, it's a family disease, it's a community disease.

And the thing that I'm struggling with today, and I would like to leave today, maybe the medical people could help me, is, my family members are on board some days, and not on board other days.

And, when they get frustrated, and they're busy with their own lives, they say: He chose to do it. It's not a disease. He can stop if he wants to.

And every day I have to remind myself, and I have to be extremely patient: Patience beyond patience.

And, I need the phrase or the words to say to them, "It is a disease."

Sometimes I say, you know, your brother has cancer. And some days he believes me, and some days he doesn't.

I need the words to convince people, this is a disease.

That's what I'm asking you.

[Applause.]

UNKNOWN SPEAKER: Hi, I'd like to just offer

a response to you.

And I think one of the biggest things that we need to do is education, because, without education, there's no understanding.

So, maybe what you could impart to your family and friends, is really providing them with education that we give in programs, that you can get on the Internet, that you can get in any of the agencies here.

But education and prevention are really what we need to do as a community.

SENATOR LANZA: Doctor?

DR. HILLARY KUNINS: Thank you for that question.

I can just share with you what I've used in my own practice, and in my own personal life, which is, some of you heard this yesterday, is I find the analogy of diabetes very useful in speaking to people.

You wouldn't ask a diabetic to stop his or her treatment with insulin, you wouldn't ask a diabetic to start eating chocolate cake, and expect it to go just fine.

It's just the same thing: It's a processing problem in the body.

In this case, it's a substance, a drug, and not sugar, but it's not that much different.

LUKE NASTA: As far as answering the question about: Where do you go for information? How do you get support?

Programs like the YMCA Counseling Service, Camelot.

I'm not sure who else has family associations.

But -- and it doesn't cost -- there's no fee involved. They're weekly meetings, and you're there with other family members who are going through the struggle.

And you get educated, and you get support, and you get the ammunition that you need to deal with the problem in your home.

JACQUELINE FIORE: And there's programs available for kids, too.

I mean, we talk all the time about this being a family disease.

And it's often the brothers and sisters and the little ones that are suffering in silence, and they want to be good, so that they don't have to be a problem for mom or dad like their brother or sister. Or, they're crying out for attention by

being, you know, bad, quote/unquote.

So there's programs out there for the kids, who can help them to find the words to express what they're feeling. And, also, to arm them with coping skills so that they can combat life on life's terms later on in their own lives, and don't have to travel down the road of their siblings.

SENATOR BOYLE: I would say, just before coming here, I got a chance to tour YMCA, and the Little Steps Program for the younger siblings was very impressive.

DIANA DULCHE pph: Hi, my name is Diana Dulche [ph].

I started my journey because I wanted to help myself heal. Not through drugs or any of that.

But I had ailments that I was told that I needed operations, and I helped myself heal. I had fourth-stage spondylolisthesis.

But my point is, we're given something, and people say, you can't be cured, you know, unless you get an operation.

Which, I don't believe in, and, I healed myself.

When I was 37, I had fourth-stage spondylolisthesis. I used to get out of bed like a

90-year-old woman.

So how I healed myself was, you know, getting my core strong.

So this is my point, is: I started educating as a holistic health practitioner. And I wanted to open up a wellness center.

And I said: The body could always heal. No matter what you do, you can always heal it.

And, you know, lo and behold, I was hit upon with my son. He had the addiction to the opiates, because he had a knee operation, and he got addicted to the opiates.

And so, me, as studying as a holistic practitioner I wanted to open up a wellness center, "Feel great, one, two, three," because I believed the body could heal.

And if you give it the right stuff, it can heal. You have to get to the root.

Because no matter -- you can't heal with drugs. You can't heal drugs with drugs. You have to let the body heal itself.

So, you have to use alternative methods. You have to use meditation. You have to use -- get deep within yourself. You need to talk to a hypnotherapist. You need to do whatever you need to

do with this.

But I don't feel that any one particular thing could help.

But, if you try to meditate, or add -- add these different things into society, to help, and not look at it as an alternative method, because these are things that God gave us, so they should be the first method.

The way that people are eating, the nutrition, sometimes it causes the neurotransmitters to not be functioning properly.

Dehydration is actually one of the top causes of the neurotransmitters not being proper.

So what do people do? What do the kids do?

They try to go for drugs that are going to help the neurotransmitters get leveled.

So this is -- we're not looking in the right direction.

We're not looking in the right direction.

We have to heal ourselves, from the root, from the beginning, and, less drugs, and try to help each other.

Thank you.

[Applause.]

SENATOR BOYLE: Mic.

ROBERTA THOMAS: My name is Roberta Thomas. I'm a retired mental-health nurse.

I've worked with patients with substance abuse in the course of my career, over 40 years.

And I also work with the Port Richmond Community Emergency Response Team.

So I'm interested in knowing how I could learn or be certified to provide emergency care if we come upon someone who has an overdose.

But before you get into answering that question, I just wanted to state that education is the most important thing, but I think we start way too late.

We need to start the way we start with our children about smoking and how terrible it is for them. We need to start in the fifth and sixth grade. Teach them before they come across people who are offering them things, before this stage. Make them aware that how dangerous it is, early on.

Don't wait till junior high and high school, because that's when they want to do what everyone else is doing.

They lose their independence.

They want to say: Oh, I want to be with the

group, so I'm going to do whatever they're doing no matter how dangerous it is.

Get them before that stage.

And the other thing is, we talk about victims all the time: What we're going to do to the victims, and we're going to put them in jail, we're going to put them in rehab.

What about these suppliers?

Not just the dealers. The ones above the dealers that are bringing this crap into this country, into our state, into our community, destroying us, all our children.

This has to stop.

And we need to get to the suppliers.

I know that it goes on and on. You say, Well, we arrest this one, we arrest that one, and they still put many more coming along.

But what's the real root of this?

Those crops that they're growing in whatever country they're growing it in, and bringing it over here, this could be stopped.

If we can stop terrorists, we have to be able to stop this. This is a terror on our community.

And that's all I have to say.

Just tell me about where I can get help in

getting certified.

[Applause.]

ADRIENNE ABBATE: So I just wanted to speak quickly to this idea of education, and what age we should start talking to kids.

Okay, the research shows that prevention should begin in the earliest grades. And, what we should be focusing on a lot is on life skills, and how to develop coping mechanisms, and how to deal with issues that are going to come along later in life.

And these programs have been shown to reduce substance abuse in youth, as teenagers, and above.

And, then, chose also to play a part on other interrelated social issues, such as bullying and suicide.

And, it's all interrelated.

So I know that the State Health Department is overburdened, and that we spend so much time preparing our kids, as you mentioned, to be college-ready.

But we need to make a case that a mentally healthy child is going to be a high-performing child, so this really has to be a message that we start early on.

And I want I want to defer to Chazie [ph.] to talk about, there was a question specifically about how to become a Narcan responder.

And we have partners in the community who are going out and training members.

[Applause.]

DIANE ARNETT: So, uhm, Community Health Action of Staten Island is one of the main agencies on Staten Island that's actually certified as an opioid-overdose prevention trainer.

And, so, we've been actually doing presentations in the community, but you can also call us. I'm going to have to look at my staff about what number to call.

So, we do both group trainings for people to -- and we train people, how to do -- how to recognize an overdose, and then how to reverse an overdose using in naloxone, which is a nasal spray which actually will bring somebody out of an overdose.

In the last week, I think we trained -- 50, 80 -- about 100 -- 75 to 100 people.

Both, we had a training at our office, and we had our training at Our Lady Star of the Sea, with a support group for parents and family members who are

affected by this issue.

So, I mean, people can come up and ask us later. Some of my staff are here.

We can actually -- we can do it for individuals, if individuals come to our office.

Or, if you have a group of people that want to get this information, we can bring our staff to do the training.

And it's very quick. It's not -- this is not a 3-hour training. It's 45 minutes, at best.

We'll train you, and then we actually supply people with the kits, to be able to do the overdose.

The same things that the NYPD is using and that EMS uses.

SENATOR BOYLE: We also did a training in my office, with my staff, Stevie and Krista here. We had over 150 people doing it.

It is -- as a former EMT, I have seen Narcan work, and it is a miracle drug. It gives people the second chance that they need, to get into recovery, and save lives, without a doubt.

And as was mentioned before, there's been hundreds of lives saved here.

We also -- Senator Savino and Senator Lanza and Assemblyman Cusick are going to be hosting a

training here on Staten Island, so I urge all of you to attend. As was said, it's less than an hour, and you'll be certified, you'll get a kit.

And, I hope you never have to use it, but if you do need it, it will save a life.

AUDIENCE MEMBER: [No microphone used.] Can I say something?

SENATOR BOYLE: Yes.

AUDIENCE MEMBER: [No microphone used.] [Inaudible] put these commercials on smoking, and showing people's lungs.

What about showing something -- on more advertisements on television?

That's what most people will see.

BRIAN HUNT: Go back to the --

AUDIENCE MEMBER: [Inaudible.]

BRIAN HUNT: What they should do is go back to the fried egg. "This is your brain on drugs."

It says it all.

AUDIENCE MEMBER: [No microphone used.] Yeah, I mean, really, there should be more advertisements. This is such a critical situation [inaudible] that shows really what we have, and maybe it would scare the children.

[Inaudible.]

AUDIENCE MEMBER: [Inaudible.]

THOMAS: Hi, my name is Thomas, and I'm coming up on two years clean in about two days, on May 4th.

[Applause.]

THOMAS: And for me, I think a long program is definitely necessary, because, I'm coming up on two years, I'm still in the program in Dynamite with them. And, you know, sometimes I still need help, and I still go through hard times.

So I think a long-term program is definitely necessary.

Even earlier in my program, when I was about six months, you know, I still hadn't really made a decision completely.

And it was months into the program, and I was just coming up to making the decision of, "What do I really want to do, and, you know, can I really do it?" And the doubts were coming.

So, I think it's definitely necessary to be in a program for a long time, away from home, with a bunch of people.

You know, I was, like -- I was living there for 13 months.

And, you know, now that I look back on it, it

was a great experience.

But, a little bit of my history:

I started using when I was 12. And, when I was 12, I smoked pot for the first time, and drank, and then I was mixing both. And then, before that year ended, I was doing morphine and fentanyl, at 12 years old.

And, you know, it just took over completely. You know, I didn't have a care in the world.

And I think, you know, something you guys were talking about before was: How could you realize if your kid's doing drugs?

Personally, my personal experience, I think it's really obvious.

At least in my case it was. It took me over completely.

I didn't care about my mom, my dad, my sister. I stole jewelry. I was, you know, acting up in the house.

It was bad. It was really bad.

I just think that the options are good. You know, there's all different ways of doing this.

My way was long-term.

I was doing heroin, LSD, when I was 17, 18, all the time.

And, you know, I think that long-term for me was necessary, but I think there's all different paths in life for people who have addiction.

You know, I think -- I didn't use Suboxone, but, I've seen people use Suboxone, and then come off of it and do fine.

You know, so, I definitely respect the different paths that everybody takes.

And, you know, I just -- I think we have to work, really, as a team. No, like, one person can do this. This finger shouldn't really be pointed at one person.

You know, I think it's just a good thing that we're all here together, trying to figure this out, you know.

And, thank you, and I hope everybody has a good day.

[Applause.]

SENATOR BOYLE: Thank you very much, and good luck in your recovery.

We've got one more?

Okay, let me just get some comments from -- we've got people from the treatment and recovery.

Gary, or somebody else, in recovery, would you like to --

JACQUELINE FIORE: I wanted to say, the point that Tom brings up is huge.

We know, and the research tells us, that a whole -- having somebody go through the entire continuum of care is going to be what works the best.

Starting with a long-term intensive program, and dropping down in intensity to a long-term outpatient program, is really what is needed in order to bring somebody with the severe level of addiction into recovery.

And, as treatment providers, unfortunately, we're just as frustrated as families at times, because, what we know is going to work for somebody, sometimes they can't see, sometimes the insurance company can't see, sometimes the family member can't see.

And we have to sit back and watch them travel down a road that we don't want to see them travel down.

And, we're sitting here today because we want to be a part of the solution, along with you guys, and we don't know all of the answers.

We need to hear you guys speak as openly and honestly as you did today, because that's going to

be what helps us to make change.

We are speaking to these people every day that we have the opportunity.

But, until they hear the real-life stories, and the courage that you guys have had to share those, is so impactful.

And I hope that you know that the time that you spent here today is really going be what helps us to make a change.

We need the power brought back into the treatment-provider's hands.

We need to be able to tell insurance companies: It doesn't matter what you think is going to work. We know what's going to work. This is what our tool has told us.

And that's what we need.

[Applause.]

ADRIENNE ABBATE: Thank you.

GARY BUTCHEN: Can I just build on that for a moment?

I mean, in listening to all the frustration and all the stories that have been expressed today, I know from my dealings with the managed-care companies, that their whole intent is the cost shift.

So, the gentleman who paid out of pocket, the time woman who drained her pension fund, the people who go to Florida or Texas, that's an intentional manipulation by the insurance companies, by the managed-care folks, to cost-shift either onto the State of New York, because when you go to Camelot or Daytop or Dynamite, those programs are through net-deficit funding, through the State. The insurance companies, none of them, A through Z, pay for that level of care.

So what I've been advocating for, and attending these meetings, and meeting with the Assemblymen and some of the Senators, is the access-to-care bills.

I think defining "medical necessity" in New York State will force the insurance companies to abide by the rules, whether it's through enforcement through DFS or any of the other branches.

I heard the frustration about getting into a detox, getting into an outpatient.

I run an outpatient network. I didn't set it up to fail.

My staff are all doctors, psychologists, nurses, counselors. We didn't go to school so we could sit across from somebody and say "Fail so that

you can get to a higher"...

We're not a conduit.

But, I understand the language that's being spoken to families. I understand the frustration that people are dealing with.

And when someone sits across from me, and their family has finally got them in my door and they desperately want to go to a higher level of care, and the insurance company says, "Fail," their intent is to fail.

It's a horribly frustrating situation.

New York State is so regulated.

I understand -- I don't agree, I understand -- why someone can't get into an inpatient detox. I understand why they can't get into a rehab.

But when they go to New Jersey, they cross the bridge, that program isn't in-network with any insurance company.

So what they're doing is, they're billing the hell out of your out-of-network benefit. You're getting hit with deductibles, your copays, and all your other bills. And you're draining your pension funds.

They'll take you today, because they don't

have to worry about managed care or insurance, as long as you're willing to put up your life savings.

You send them down to Florida, it's the same thing. They have what they call the "Florida model," which is all based on out-of-network benefits.

They drain your inpatient, your outpatient; your left, your right, your up, your down.

You come back to your community where you live, you can't afford to come into a community provider.

So whatever we can do as treatment providers, whatever I can do as an advocate, to try to get access-to-care bills passed in some way, some form, that defines "medical necessity."

I think it's all about the cost shift, and it would help a lot of the frustrations that you've heard here today.

[Applause.]

SENATOR BOYLE: Thank you very much.

Luke, would you like to say something?

LUKE NASTA: I mean, Senator Boyle, you're in the right place on Staten Island, where this is an ongoing funeral here. A week doesn't go by where we don't hear about 19-, 23-year-olds, that say

"Good night," and come out of their parent's bedrooms feet first.

That's the reality.

That's the reality of Staten Island.

There's many things, many things, that we need to do here.

For one thing, the Staten Island community needs to embrace the problem; that is, own the problem, and, embrace and own the solution; so that when the YMCA or Camelot or Daytop wants to open a counseling service on New Dorp Lane, that we're not tarred and feathered and run out of the community.

[Applause.]

LUKE NASTA: That's going to take a major change.

And if we're going to confront and control this epidemic, we're going to need to have, us, the solution, available, and visible, throughout the community. And more people will come for help.

Now, the gentleman over here, about -- you know, Camelot has 45 beds on Staten Island, and it's, pretty much, we're full. But, given the nature of the population, it's an unstable population, so the beds keep opening up.

But for the most part, you know, we can get

you a bed in a couple of days, or immediately.

And probably within two months, we're going to open another 24-bed facility in the Port Richmond section.

[Applause.]

LUKE NASTA: That's nice, but that took me 40 years to do that, you know.

And in that -- in that story is part of the problem, why we're in the situation we're in today, because we've been denying the extent of problem. We've been resisting.

The first time -- our 45-bed facility is on the grounds of the Sea View Hospital Campus.

The first time I went there, to propose using one of the 75 vacant buildings that The City Health and Hospitals Corporation controlled, was 1977.

And we opened up two years ago.

[Applause.]

LUKE NASTA: But at the rate of 50 to 70 people dying a year, how many could we have possibly saved?

Now, and to address the criticism of, you know, the YMCA or Camelot, or Suboxone, the research indicates, "five attempts," five attempts --

Doesn't want me to say "attempts."

[Laughter.]

LUKE NASTA: -- five attempts at treatment before a patient stabilizes, before it works.

That's the average: five attempts.

So, we don't have a silver bullet.

We don't pretend to have a silver bullet to slay the monster.

What we do have is commitment.

We've got commitment. We'll stay with you. We'll take you back. We'll -- we're the medics on the battlefield. We'll bring you in no matter what condition you're in, and we'll try to -- we'll try to restore you.

We have no control over the war, because you're going back out there again. But we'll be there for you.

And if it isn't Camelot, it will be the YMCA, it will be -- it will be somebody.

But we need, we need support.

Now, I have a suggestion for Senator Boyle, who's doing a fantastic job in addressing this for New York State.

And --

[Applause.]

LUKE NASTA: -- what I would suggest is --

and I have been at this a long time, and I listened to a lot of government double-talk. And it's a disgrace that the Governor of the state of New York has not acknowledged this problem yet.

Meanwhile, border states, like Vermont and Massachusetts, their governors have declared a state of public-health emergency.

I haven't heard anything from our Governor.

Okay, that's enough about him.

But what -- and, so, "his office," his office is the state of -- is the Office of Alcoholism and Substance Abuse Services. They consistently say there are empty beds now.

That's a truth, there are empty beds, because the system that was in place, because we couldn't open up smaller operations, which would be more effective, they just kept giving more money for more beds to single organizations, so that you have 250-bed treatment programs.

Okay, those beds are not full on an ongoing basis.

What I would suggest to Senator Boyle, is to identify, have the State identify, those beds in the large programs that are vacant for, whatever, 30, 60 days. Take that money, and dedicate it to

opening new, smaller programs, throughout Staten Island, throughout the state.

It will be more effective as a treatment program, and, it will be more visible; so, therefore, it will be, also, approaching the whole stigma problem, if there are more programs like this.

And it doesn't necessarily have to cost the State a lot more money to do that.

Early intervention, all right, how do we do prevention?

I'm not real popular with a lot of people.

That's okay.

SENATOR SAVINO: We love you.

LUKE NASTA: Not always.

[Laughter.]

LUKE NASTA: The New York City Board of Education is negligent on this issue.

Where is the last place --

[Applause.]

LUKE NASTA: -- the last place that kids are required to be, by law? School. High school.

They're required, by law, up until, what, maybe age 16, when they could be signed out, to be there.

So, why, when we have them in the place where they're required to be, by law, don't we do assessments of the -- and the entire enrollment, four times a year -- by an independent group, by the way, to do assessments so that there's no conflict of interest there -- that would identify these problems at a very early stage?

And how can you do that? There's simple indicators.

As some of the parents said, when you notice there's a change in your son's or daughter's friends.

Okay, it's not going to -- that's not going to show up in school.

But what will up in school is: Truancy. You know, erratic attendance records. A shift in achievements.

There are indicators, they're simple indicators, that then -- that would flag that kid. And that team could assess that identified child, and find some problems out, and intervene early.

And maybe you find out that it isn't the child that's got the problem, but the problem is in the family.

AUDIENCE MEMBER: [No microphone used.]

[Inaudible] in high school, [inaudible] graduated with almost a 90-something average.

[Inaudible.]

He's 20 years old now.

So I'm just going say to you, that they should start in younger grades. Kindergarten. Maybe -- maybe middle school.

UNKNOWN SPEAKER: Too late. [Inaudible.]

[Multiple audience members speaking at the same time.]

SENATOR BOYLE: Hold on. Let --

AUDIENCE MEMBER: [No microphone used/inaudible.]

AUDIENCE MEMBER: [No microphone used.]

[Inaudible.] Like the fried eggs, there is a commercial, every day, about 25 a day, Partnership For A Drug-Free. [Unintelligible] stories, share your recovery, share your disease, people talking about their children, talking about themselves. It's on constantly on the air, all day.

AUDIENCE MEMBER: [No microphone used.] But it is not enough. They should show, really, what happens. Show somebody almost dead. Show them --

SENATOR BOYLE: Thank you very much.

We're just limited on a couple more minutes.

Mr. Ferrari, if you would like to...?

ANTHONY C. FERRERI: Thank you.

And, Mr. Hunt, Mr. and Mrs. Crupi, my condolences.

James, thank you for your great courage in coming here today.

And I do really appreciate what you've said to all of us here today, and it's a very, very important message.

Like Dan and the others, I was asked to come with a prepared statement. That statement's been submitted. It's filled with statistics about what's happened to our community.

And at this point, there's really no point in reading this into the record, because I think we've covered all of these statistics, and the epidemic that we see.

I'm grateful to Mr. Hunt and to the Crupis, because, they share; they've put a face on statistics.

And, in fact, for those of us who work in hospitals, and see what's going on in our emergency rooms, we see those faces each and every day.

And it's truly an epidemic.

I think a lot of this comes down to something that may be more simple, to ally that factor in our issues today, but more difficult to solve; and that is resources.

And, I've listened to Gary and Diane, to Luke, to Fern, and the others that are here today; those who are not-for-profit private organizations, that struggle every day to meet the needs of this community.

And the fact of the matter is, that Staten Island continues to be the forgotten borough.

And, when you take a look at the issues in health and Staten Island, it's no surprise that we lead the five boroughs in addiction.

We also lead the five boroughs in cancer, lung disease, heart disease, obesity, diabetes, and mortality.

And this is the borough with the highest median income in the city of New York.

The fact of the matter is, that the City of New York, for every dollar of health care it spends, it spends one-half of one penny on Staten Island.

And, I know that I've been saying this for the 11 years that I've been the president of Staten Island University Hospital, but, The Health

and Hospitals Corporation has no presence in our community. No real presence in our community.

The hundreds of thousands of clinic visits that are provided to the people of this borough who cannot afford to pay for their care, are provided by Richmond University Medical Center in Staten Island University Hospital.

We need resources.

We need resources for prevention, and we need resources for cure.

And that's my message for today.

Thank you.

[Applause.]

SENATOR BOYLE: Boris, would you like to say something?

BORIS NATZEN: Assemblyman, thank you for inviting me today; Senators and Assemblymen.

So I want to say, first, thank you for the I-STOP program. It was a tremendous -- it's tremendous for the pharmacies. It prevent -- it alleviated us from becoming police officers, because that's what was happening in the beginning of this crisis.

And, it's a tremendous asset for us. It helps tremendously. I think that it's -- I can say,

it probably knocked it down by 80 to 90 percent from what we see.

I came to the realization of this epidemic when we got held up at one of my locations on Staten Island.

You know, right on the corner, 10 a.m. in the morning, customers in the store. Two guys walked in, young kids walked in, with a gun, and put it to my pharmacist's head, and asked for the -- for -- not for money, which, you know, you would think they would ask for, but they asked for oxycodone. You know, they ran out of the store.

Came back a month later and asked for it again. Did not receive it, because we didn't have any in stock. We don't -- we didn't keep it after that.

And then they came back again, the third time, but at that time, we already had police officers in the store.

So, for them to be so blatant. And, again, all -- every time they came, it was always during the day, 10 a.m., 11 a.m.

So, you know, it is an epidemic, and it's tremendous.

And I applaud everyone here for coming out

and making sure that our voices are heard.

And, also -- I want to mention, also, you know, we've spoken about insurance companies.

You know, there's a mail-order issue that we have in the state, and, where they mail these controlled substances, they drop them on the doorstep. There's 360 pills sitting on somebody's doorstep.

So that's an issue that I want to address, with mail-order.

I also want to address the issue of, you know, the I-STOP program, correlating with New Jersey. I think that's a tremendous thing that we need, because New Jersey's not too far away, and they can get the prescriptions, go there, pick them up, and come here and be here within 15 minutes.

So, we want to make sure that we're able to see if they get them filled in New Jersey, as well.

That would be a tremendous help.

Also, I wanted to mention:

So, some of you guys here might go to a pharmacy and get a prescription for Nexium, and they tell you, you know, it's prior authorization, you can't get it. And, you go crazy trying to get this medication.

And Nexium is a stomach medicine.

And, why can't we do that for these controlled substances, make it difficult?

The insurances make it very difficult for you to get the medicine.

Why can't the community make it very difficult to get them?

You need authorizations, prior authorizations. Limit the quantities. Right?

I know the education with the doctors have been tremendous, because you could tell how they're writing now; that it's helping and it's working.

But I think that that's a tremendous thing, that if we put into -- we can put into law, or however you want to do it, but limit the quantities. Have the patient come back in two weeks to get it again if they're a cancer patient or a hospice, or, depending on the diagnosis, obviously.

But if -- limit the quantities that are in -- on people's shelves in their house.

So, I mean -- again, so, Suboxone, right, some of the patients that have come to us, I've known them for many years, being on Staten Island, and I speak to a lot of them.

And, you know, the ones that I know

personally, from interacting with them, they -- the Suboxone is a tremendous help.

So, you know, some patients it helps, some patients it doesn't.

But, from the ones that I've spoken to, it definitely relieves them from the -- from this -- from this epidemic.

So, I appreciate it, again, and thank you all.

[Applause.]

ASSEMBLYMAN CUSICK: Of course, I just want to thank you, too.

With the I-STOP, we depended a lot on the pharmacists and the pharmacies, in drafting up the legislation.

But I just wanted to mention one thing that you had brought up: That we as legislators have brought up to the Staten Island District Attorney, and actually had an announcement, and we put in a request to the New York State Department of Health to have a linkage.

We can link our system to New Jersey, to Pennsylvania, to other states. There just needs to be a consent of each state to do that.

So, I just want you to know that we have, the

legislators up here, and the District Attorney here in Staten Island, have put in that request to the New York State Department of Health to do that.

SENATOR BOYLE: Thank you, Mike.

I would like thank everyone for coming today:

To the panelists, to the audience, we had a great exchange of ideas;

Mr. Hunt, the Crupis, and James, thank you for sharing your story;

And to my colleagues, Senator Lanza, Senator Savino, and Assemblyman Cusick.

We're going to take what you gave us today, and it's going to be part of upcoming legislation.

That, I can promise you.

We're going to be -- oh, yeah.

We have some information on the back -- on the outside, if you want to take it on your way out.

And, remember to try and get trained for Narcan, if you have not done so already.

I can tell you that, this is a -- obviously, a non-partisan issue. We have, members of each party here, and each house of the State Legislature.

We are here to end this heroin epidemic, and with the ideas and information you gave us today, the passion that you expressed.

And this was, I would say, out of the nine forums I've been to, this was the most passionate; and I thank you.

And I understand that Staten Island is the epicenter of this epidemic, and this is where we're going to begin the fight, and we're going to win it, very soon, with new legislation.

Thank you so much.

[Applause.]

(Whereupon, at approximately 3:51 p.m., the forum held before the New York State Joint Task Force on Heroin and Opioid Addiction concluded, and adjourned.)

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